DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE OMB\_NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL [X5] **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETIO TAG CROSS-REFERENCED TO THE APPROPRIATE TAG OATE DEFICIENCY) {F000} INITIAL COMMENTS The statements made in this plan {F 000} of correction are not an admission An unannounced Medicare/Medicaid second and do not constitute agreement revisit survey to the abbreviated survey ending with the alleged deficiencies 3/31/16 and first revisit survey ending 5/12/16 herein. was conducted 6/28/16 through 6/30/16. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term To remain in compliance with all Care Requirements. Uncorrected deficiencies state and federal regulations, the are identified within this report. Corrected center has taken or will take the deficiencies are identified on the CMS 2567-B. Two complaints was investigated during this actions set forth in this Plan of survey. Correction. In addition, the following plan constitutes the The census in this 190 certified bed facility was center's allegation of compliance. 175 at the time of the survey. The survey sample All alleged deficiencies have been consisted of 20 current resident reviews (Residents # 201 through # 216 and # 218 or will be corrected by the dates through # 221) and one closed record (Resident # indicated. 217). {F 280} 483.20(d)(3), 483.10(k)(2) RIGHT TO

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SSEE PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to

participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs. and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed

7/27/2016

1. Resident #218 care plan was revised on 6/27/16. Resident #219 care plan was revised on 6/27/16. Resident #205 care plan was revised on 6/28/16.

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OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE. (X6) OATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 07/12/201 FORM APPROVE OMB NO. 0938-039

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and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to review and revise the comprehensive care plan for three of 21 residents in the survey sample, Residents #218, #219 and #205.

- 1. The facility staff failed to revise the care plan for Resident #218 after an altercation with Resident #219 on 6/25/16.
- 2. The facility staff failed to revise the care plan for Resident #219 after an altercation between him and Resident #218 on 6/25/16.
- 3. The facility staff failed to revise Resident #205's care plan after the 6/22/16 altercation with another resident.

The findings include:

1. Resident #218 was admitted to the facility on 5/18/15 and most recently readmitted on 9/25/15 with diagnoses including, but not limited to: Schizoaffective disorder (1), bipolar disorder (2), and diabetes. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date (ARD) of 4/13/16, Resident #218 was coded as being severely cognitively impaired for making daily decisions,

(F 280)

- 2. Residents currently residing in the facility have the potential to be affected. Incident and accident reports have been reviewed there have been no resident to resident incidents since 6/25/16.
- 3. In-servicing has been provided to the nursing supervisors by the DCS regarding updating plan off care immediately following any incidents to include resident to resident altercations. Random weekly review will be conducted by the DCS/designee for five (5) residents per week for three (3) months to ensure that interventions have been implemented at the time of incidence.
- 4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly for three (3) months. The committee will recommend provisions to the plan as indicated to sustain substantial compliance.

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-035 (X1) PROVIOER/SUPPLIER/CLIA ANO PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILOING \_ COMPLETEO R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADORESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO (EACH DEFICIENCY MUST BE PRECEDED BY FULL Ю PROVIDER'S PLAN OF CORRECTION PREFIX [X5] COMPLETION **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE DEFICIENCY) (F 280) Continued From page 2 {F 280} having scored five out of 15 on the BIMS (brief interview for mental status). He was coded with all zeros for indicators of mood difficulties, and as having no behaviors during the look back period. He was coded as being independent for walking in his room and in the corridor on the unit, and as requiring the supervision assistance (oversight, encouragement or cueing) of staff for moving to and returning from off-unit locations. On 6/29/16 at 8:05 a.m., Resident #218 was observed in the dining room eating breakfast. He was alert. He spoke rapidly, and his speech was unintelligible to this surveyor. He spoke to the surveyor, to his table mates and to surrounding staff. He alternated outbursts of speech with eating his breakfast. On 6/29/16 at 4:05 p.m., Resident #218 was observed sitting in the dining room alone. No other residents were around him. On 6/30/16 at 8:55 a.m., Resident #218 was observed walking independently into the dining room, speaking to staff, looking around, and

Resident #219 was admitted to the facility on 10/16/15 with diagnoses including, but not limited to: dementia, major depression, and cognitive communication deficit. On the most recent MDS, an annual assessment with assessment reference date 3/28/16, Resident #219 was coded as being moderately cognitively impaired for making daily decisions, having scored ten out of 15 on the BIMS. He was coded with all zeros for indicators of mood difficulties, and as having

taking a seat at a table to which the staff led him. His speech was intelligible, as he spoke about

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breakfast.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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no behaviors during the look back period. He was coded as requiring supervision assistance (oversight, encouragement or cueing) of staff for walking in his room and in the corridor on the unit, as well as for moving to and returning from off-unit locations.

A review of the progress notes for Resident #219 revealed the following note written 6/25/16 at 10:00 a.m. by LPN (licensed practical nurse) #9: "Resident in the dining room approached [name of Resident #218 - crossed through with one line] resident and pushed him while [Resident #218] was getting up. [Resident #218] fell. [Resident #219] stated that [Resident #218] was cursing at him. Both residents were separated. Will continue to monitor. All am (morning) meds (medications) given."

A review of the progress notes for Resident #218 revealed the following note (unsigned) written on 6/25/16 at 11:00 a.m.: "Resident alert. Found in the dinning (sic) area buttocks on the floor. He appeared anxious and was talking incessantly. All am meds given prior...no c/o (complaints of) pain. No visible injury noted. Re-directed to his room. Neuro (neurological) checks implemented. Provided comfort and safety measure. Informed resident to use call bell to ask for help. Anti-anxiety pill given and encouraged plenty of fluids. RP (responsible party) not answering, left a message to call back. MD (medical doctor) made aware, no order given, just monitor resident."

Further review of the clinical record for Resident #218 revealed the following note dated 6/25/16 at 7:00 p.m. and signed by a floor nurse who was not available for interview: "Resident came to

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writer and stated that his upper back Asked resident what level on a scal he stated 12. Called MD (medical of stated to get X-ray of upper back are Tylenol extra strength 1 tab po (by revery six hours) prn (as needed). Imobile X-ray company] notified and facility within the hour. Neuro (neurochecks in place and within NL (normal Areview of the X-ray results for the ordered upper back X-ray for Residing abnormalities or fractures.  A review of the comprehensive care Resident #218 dated 4/6/16 reveale following updates made on 6/25/16: checks. X-ray of back. Rehab (refiservices) referral." The review reveinterventions related to the altercational Resident #218's continued safe physical altercations with Resident # other residents.  A review of facility document titled "Facuse Investigation Report" for Resided 6/25/16 and signed by LPN #8 weekend supervisor on duty on 6/25 in part, the following: "Locomotion Sambulates (walks) /indept (independent)Unusual circumstant hours contributing to fall risks?: increbehaviorIdentified Behaviors: agital Identified patterns of Behaviors: agital Identified patterns of Behaviors (spepointing up) behaviorResident four his buttocks in dinning (sic) room. Resolution/intervention for minimizing	e of 1-10 and doctor) and he had start mouth) q6h [Name of will be in ological) had limits)."  above ent #218 of any  plan for d, in part, the "Neuro abilitation aled no on on 6/25/16 ty from \$219\$ and  fall Root ident #218 the /16 revealed, status:  ces past 24 eased manic ation. cify): [arrow had sitting on	{F 28	30}			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVEL OMB NO. 0938-039 STATEMENT OF OFFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES [X4) ID PROVIDER'S PLAN OF CORRECTION 1D [EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX [X5] **PREFIX** [EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {F 280} Continued From page 5 {F 280} checks, rehab (rehabilitation) referral." A review of a document titled "Witness Statement" dated 6/25/16 and signed by LPN #9 revealed, in part, the following: "10:30 a.m. Interviewed [Resident #218] in his room regarding the incident in the dining room. He stated that he was getting up in the chair when another resident from another table approached him and pushed his shoulders resulting him to fall (sic). He stated also that the resident [name of Resident #219] was angry and insecure. He landed buttocks first. He wasn't doing anything to provoke him at that time." On 6/29/16 at 10:55 a.m., LPN #12 was interviewed regarding anything she saw or heard on the morning of 6/25/16. She stated: "I didn't see anything. I heard [Resident #218] had a fall and the girl did a fall report, or at least she was supposed to." LPN #12 stated she was in charge of caring for Resident #218 on 6/26/16. LPN #12 stated she was not aware of the incident described in the above referenced witness statement. When asked if she was aware of any safety interventions to prevent further altercations between these two residents, she stated: "No." On 6/29/16 at 11:05 a.m., CNA (certified nursing assistant) #2 was interviewed about the events on the morning of 6/25/16. She stated: "I was not in there (the dining room)." CNA #2 stated she heard that Residents #219 and #218 "got into an altercation and [Resident #219] pushed [Resident #218]." CNA#2 stated she was told to get vital

signs on Resident #218. She stated she thought the incident occurred during a meal time. When asked if both residents are able to ambulate independently in the facility, CNA #2 stated: "Yes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PR(NTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROV STATEMENT OF DEFICIENCIES OMB NO. 0938-03 (X1) PROVIOER/SUPPLIER/CLIA ANO PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3( DATE SURVEY A. BUILDING \_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABIL(TAT(ON 906 THDMPSON STREET ASHLAND, VA 23005 (X4(ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULO BE 1X51 ...TAG COMPLETIO TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE DEFICIENCY) {F 280} Continued From page 6 {F 280} They were supposed to be separated after that, but I know they can both walk on their own." When asked, since she was assigned to both residents during the current shift, if she was aware of any safety interventions put into place to prevent further altercations, CNA #2 stated: "No.

On 6/29/16 at 11:05 a.m., CNA #5 was interviewed about the events of 6/25/16. She stated she did not see or hear anything directly. CN #5 stated ASM (administrative staff member) #3, the director of clinical services, came into the building "sometime" that day (6/25/16).

On 6/29/16 at 11:10 p.m., LPN #11 was asked about the events of 6/25/16. She stated she worked that morning, but did not hear anything "except that [Resident #218] had a fall."

On 6/29/16 at 1:00 p.m., LPN #8, the weekend supervisor working on 6/25/16, was interviewed by telephone. She stated: "The only thing I know is that [Resident #218] had a fall in the dining room Saturday morning." When asked how she became aware of the fall, LPN #8 stated one of the CNAs approached her and told her that Resident #218 was sitting on the floor in the dining room. She stated as she walked down the hallway towards the dining room, she passed Resident #219 exiting the dining room. LPN #8 stated she investigated the fall after breakfast, but there were no witnesses. She stated she completed a facility fall packet. LPN #8 stated later in the evening, Resident #218 complained of pain, and that an X-ray was ordered and obtained, but that the X-ray was negative for any fracture or other pathology. When asked why she was the nurse to complete the fall investigation,

Not right now."

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION	IDENTIFICATION

ASHLAND NURSING AND REHABILITATION

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(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

495362

B. WING

R-C 06/30/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

906 THOMPSON STREET

ASHLAND, VA 23005

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LPN #8 stated that the nurse for Resident #218 on that shift was not an employee of the facility. but was a temporary nurse from a nurse staffing agency. LPN #8 stated this nurse (LPN #9) was "still on a med (medication) cart when this happened." LPN #8 stated she assessed the resident for all the normal checks after a fall. including range of motion and neurological issues. LPN #8 stated she instructed LPN #9 to go in and check on Resident #218 once she finished her medication administration. LPN #8 stated: "I got [LPN #9]'s witness statement. ] was never able to figure out why he fell." When the surveyor read LPN #9's witness statement to her, and asked why this incident, as reported by Resident #218, was not investigated as anything other than an unwitnessed fall, LPN #8 did not respond. When asked if she had read LPN #9's witness statement, LPN #8 stated: "The agency nurse went in and talked to [Resident #218]. He said he was pushed. But he was really manic. No one could substantiate what happened." When asked if anyone interviewed Resident #219 on 6/25/16, LPN #8 stated she tried to talk to him, "but he speaks only Spanish. That is a problem. He speaks only in Spanish. He just kept saving 'I don't love him." When asked what the facility staff members have been trained to do in response to the report of a resident to resident incident, LPN #8 stated the staff is supposed to separate the residents, ensure their safety, make sure they are not in the same room and report it to the DCS (director of clinical services). She stated she talked with both ASM #2 and ASM #3 within 15 minutes of the incident. LPN #8 stated: "ASM #2 told me to do an investigation." She continued: "They (Residents #218 and #219) self-separated. [Resident #219] staved in his room the rest of the day." When asked how she

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-03! (X1) PROVIOER/SUPPLIER/CLIA ANO PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETEO R-C 495362 B. WING NAME OF PROVIOER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF OFFICIENCIES (X4) IO PRÉFIX (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE $\{X5\}$ REGULATORY OR LSC IDENTIFYING INFORMATION) ...TAG COMPLÉTIO CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE OEFICIENCY) {F 280} Continued From page 8

knew this, she stated that she and the other staff "checked on him." LPN #8 went on to say that she worked double shifts (16 hour shifts) on both 6/25/16 and 6/26/16. When informed that other CNAs and nurses who worked that day and on 6/26/16 did not know anything about a need for Resident #219 to stay in his room due to safety concerns, LPN #8 did not respond. When asked if she updated the care plan for either resident, LPN #8 stated: "No, I did not. The floor nurse should do the update." LPN #8 stated that the night shift supervisor working from 6/25/16 to 6/26/16 was made aware of the incident. {This nurse was not available for interview during the survey).

On 6/29/16 at 1:50 p.m., LPN #4 was interviewed about the process to be followed after a resident to resident incident. She stated that both residents should be assessed and interviewed. She stated that all documentation should be up to date, and that the physician, social worker, supervisor and family should be notified immediately. She stated that the unit managers are responsible for updating care plans on weekdays, and that the weekend supervisors are responsible for updating care plans on the weekend. LPN #4 stated that the incident described in the 6/25/16 notes for Resident #218 and #219 should have been investigated and the care plan revised for both residents. LPN #4 stated that supervision should have been increased for both residents, especially since they are both independently ambulatory.

On 6/29/16 at 1:55 p.m., ASM #3, the director of clinical services, was interviewed about the events of 6/25/16. ASM #3 stated she was called "when it happened." She stated she came to the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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{F 280} Continued From page 9 facility. ASM #3 stated: "You can't interview [Resident #219] because he is Hispanic. There were no injuries. I got witness statements from the staff." When asked from which staff she obtained witness statements, ASM #3 stated: "[LPN #9]." When asked if she obtained any other staff statements, ASM #3 said she did not. She stated: "I did an investigation and wrote it up." At this time, AM #3 provided the surveyor with a typed document dated 6/27/16 and titled "Investigation Synopsis." This document contained neither her name, nor her signature, nor any type of verifiable date stamp. Review of this document revealed, in part, the following: "Re: (regarding) possible resident to resident [Resident #218] and [Resident #219]. Methods of Investigation: Resident interview, Staff interview. Summary of findings:...On June 25, 2016 while in dining room when [Resident #218] came into [Resident #219]'s personal space causing [Resident #219] to become angry and pushing [Resident #218] to the floor. Both residents were separated immediately and assessed for injury. An interview was conducted by staff with [Resident #218] whom (sic) at the time was noted to be rambling with his words and noted to be in a heightened state or mania, however was able to state to staff that "The Hispanic man pushed me" during the interview. Resident was assessed no injuries were noted. [Resident #218] complained of back pain and was medicated with prn Tylenol. A physician's order for an x-ray of the cervical area of the back was obtained and the results were negative. [Resident #219] was interviewed by staff but was unable to give details of the incident but did state, "I told him I don't love him and I pushed him down." Both responsible parties and MD (medical doctor) were notified. In conclusion: After investigating the incident that

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	mental status. Labsordered for [Reside also updated to reflebehaviors." When the care plans were document, she state On 6/29/16 at 2:00 pby phone. She state had to go and intervhappened." She state "manic" all morning, quickly and nonsens #218 told her that will dining room, Reside hit him "vehemently for clarification of the suddenly," she state interpretations of wh She stated that Resident #219's acti She stated that she is Resident #219. She Resident #219. She Resident #218 was of though Resident #21 she stated she repointerviews to the sup LPN #8 told her to will Resident #218 on a find She stated she was in results of her interview when asked if, as an received any specific procedures to be followed.	tric consult was ordered for suse of each resident's altered is (laboratory tests) were also nt #218]. Care plans were ect interventions and ASM #3 was asked, again, if updated as stated in this ed: "Np."  D.m., LPN #9 was interviewed ed: "The supervisor told me liew [Resident #218] after it ated Resident #218 had been as demonstrated by talking sically. She stated Resident hen he was standing up in the nt #219 approached him and and suddenly." When asked adverbs "vehemently and		80}			

she had not received any such education or

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	ED: 07/12/201
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	to separate the resinstructed the CNA both residents and When told that non day remembered by special monitoring,	idents. She stated she had s working that shift to watch to "keep an eye on them." e of the CNAs working that eing told to do any sort of she did not respond. When ed the care plan for either	<u>1</u>				-
	responsible for both that day, was interv not aware of any int	p.m., LPN #3, who was n Residents #218 and #219 iewed. She stated she was terventions put in place to ts apart. She stated, "They all the time."					
	director of clinical siregarding these ever facility on that Satur weekend. I spoke that an incident." Sesident #218 has gets in other resider sometimes. She stated LPN #8 had told [LPN #8] the pushed him. She stated LPN #8 thoustigate. And Infollow up on Sunday after the morning matched up." When the stories not matched safety measures to on 6/25/16 and contand to the present ti	ated LPN #8 told her that leing treated for dementia, told her that [Resident #218] lat [Resident #219] had					

have tried to do so much. We have come a long

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/12/2011 FORM APPROVEI OMB NO. 0938-039

		E & MEDICAID SERVICES		_	OMB NO. 0938-039
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## (F 280) Continued From page 12

way and this is a fluke. We have not had agency nurses in here since that day (6/25/16). This staff is sabotaging itself. It is so hard."

On 6/29/16 at 5:15 p.m., ASM #1, the executive director and administrator of record, ASM #2, ASM #3 and RN (registered nurse) #1, the assistant director of clinical services, were informed of these concerns.

A review of the policy entitled "Plans of Care" revealed, in part, the following: "The facility will develop a comprehensive plan of care for each resident that includes measurable objectives and timetables to meet the resident's medial, nursing, mental and psychosocial needs that are identified in the comprehensive assessment...the comprehensive plan of care is reviewed and updated at least quarterly, and as needed, by the interdisciplinary team and revisions are made by the interdisciplinary team to ensure needs are addressed and that the plan is oriented toward attaining or maintaining the highest practicable physical, mental and psychosocial well-being."

No further information was provided prior to exit.

- (1) "Schizoaffective disorder is a mental condition that causes both a loss of contact with reality and mood problems (depression or mania)." This information is taken from the website https://www.nlm.nih.gov/medlineplus/ency/article/000930.htm.
- (2) "Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks." This information is taken from the website https://www.nimh.nih.gov/health/topics/bipolar-dis

{F 280}

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF OFFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETEO 495362 R-C B. WING NAME OF PROVIOER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) IO SUMMARY STATEMENT OF OFFICIENCIES PREFIX (EACH OEFICIENCY MUST BE PRECEOED BY FULL OI PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULO BE TAG COMPLETION TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE OEFICIENCY) {F 280} Continued From page 13 {F 280} order/index.shtml. Basic Nursing, Essentials for Practice, 6th edition, (Potter and Perry, 2007, pages 119-127), was a reference for care plans. "A nursing care plan is a written guideline for coordinating nursing care, promoting continuity of care and listing outcome criteria to be used in the evaluation of nursing care. The written care plan communicates nursing care priorities to other health care professionals. The care plan also identifies and coordinates resources used to deliver nursing care. A correctly formulated care plan makes it easy to continue care from one nurse to another. If the patient's status has changed and the nursing diagnosis and related interventions are no longer appropriate, modify the nursing care plan. An out of date or incorrect care plan compromises the quality of nursing care. " 2. Resident #219 was admitted to the facility on 10/16/15 with diagnoses including, but not limited to: dementia, major depression, and cognitive communication deficit. On the most recent MDS. an annual assessment with assessment reference date 3/28/16, Resident #219 was coded as being moderately cognitively impaired for making daily decisions, having scored ten out of 15 on the BIMS. He was coded with all zeros for indicators of mood difficulties, and as having no behaviors during the look back period. He was coded as requiring supervision assistance (oversight, encouragement or cueing) of staff for walking in his room and in the corridor on the unit,

off-unit locations.

as well as for moving to and returning from

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				F	RINTER	D: 07/12/20
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{F 280)	On 6/29/16 at 3:30 observed ambulatin hallway to his room.  Resident #218 was 5/18/15 and most rewith diagnoses inclusions of the with diagnoses inclusions of the control	p.m., Resident #219 was ag independently from the admitted to the facility on exently readmitted on 9/25/15 ading, but not limited to: arder (1), bipolar disorder (2), he most recent MDS, a quarterly assessment with ce date 4/13/16, Resident being severely cognitively daily decisions, having son the BIMS (brief interview decisions) and as having the look back period. He independent for walking in corridor on the unit, and as ision assistance (oversight, ueing) of staff for moving to ff-unit locations.	{F 2	30}				
	revealed the followin 10:00 a.m. by LPN (I "Resident in the dinir of Resident #218 - cresident and pushed was getting up. [Res#219] stated that [Rehim. Both residents	g note written 6/25/16 at icensed practical nurse) #9: ng room approached [name rossed through with one line] him while [Resident #218] sident #218] fell. [Resident sident #218] was cursing at were separated. Will All am (morning) meds				·		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF OFFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILDING COMPLETED R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX IX5I (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETIO TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 280) Continued From page 15 {F 280} #219 revealed no evidence of any follow-up to this incident until notes written on 6/27/16 by ASM (administrative staff member) #2, the regional director of clinical services, [corporate nurse]) and a floor nurse, who was not available for interview. A review of the progress notes for Resident #218 revealed the following note (unsigned) written on 6/25/16 at 11:00 a.m.: "Resident alert. Found in the dinning (sic) area buttocks on the floor. He appeared anxious and was talking incessantly, All am meds given prior...no c/o (complaints of) pain. No visible injury noted. Re-directed to his room. Neuro (neurological) checks implemented. Provided comfort and safety measure. Informed resident to use call bell to ask for help. Anti-anxiety pill given and encouraged plenty of fluids. RP (responsible party) not answering, left a message to call back. MD (medical doctor) made aware, no order given, just monitor resident," A review of the comprehensive care plan for Resident #219 initiated 10/29/15 and updated on 4/25/16 revealed no evidence of any interventions related to the 6/25/16 altercation. A review of a document titled "Witness Statement" dated 6/25/16 and signed by LPN #9 revealed, in part, the following: "10:30 a.m. Interviewed [Resident #218] in his room regarding

the incident in the dining room. He stated that he was getting up in the chair when another resident from another table approached him and pushed his shoulders resulting him to fall (sic). He stated also that the resident [name of Resident #219] was angry and insecure. He landed buttocks first. He wasn't doing anything to provoke him at

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	on the morning of 6 see anything. I hea and the girl did a fal supposed to." LPN of caring for Reside stated she was not a described in the about a safety interventions	f a.m., LPN #12 was ng anything she saw or heard /25/16. She stated: "I didn't rd [Resident #218] had a fall I report, or at least she was #12 stated she was in charge nt #218 on 6/26/16. LPN #12 aware of the incident ove referenced witness sked if she was aware of any to prevent further altercations residents, she stated: "No."			

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On 6/29/16 at 11:05 a.m., CNA #5 was interviewed about the events of 6/25/16. She stated she did not see or hear anything directly. CNA #5 stated ASM #3, the director of clinical services, came into the building "sometime" that

On 6/29/16 at 11:05 a.m., CNA (certified nursing assistant) #2 was interviewed about the events on the morning of 6/25/16. She stated: "I was not in there (the dining room)." CNA #2 stated she heard that Residents #219 and #218 "got into an altercation and [Resident #219] pushed [Resident #218]." CNA #2 stated she was told to get vital signs on Resident #218. She stated she thought the incident occurred during a meal time. When asked if both residents are able to ambulate independently, CNA #2 stated: "Yes. They were supposed to be separated after that, but I know they can both walk on their own." When asked, since she was assigned to both residents during the current shift, if she was aware of any safety interventions put into place to prevent further altercations, CNA #2 stated: "No. Not right now."

day (6/25/16).

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/12/2011

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{F 280}

On 6/29/16 at 11:10 p.m., LPN #11 was asked about the events of 6/25/16. She stated she worked that morning, but did not hear anything "except that [Resident #218] had a fall."

On 6/29/16 at 1:00 p.m., LPN #8, the weekend supervisor working on 6/25/16, was interviewed by telephone. She stated: "The only thing I know is that [Resident #218] had a fall in the dining room Saturday morning." When asked how she became aware of the fall, LPN #8 stated one of the CNAs approached her and told her that Resident #218 was sitting on the floor in the dining room. She stated as she walked down the hallway towards the dining room, she passed Resident #219 exiting the dining room. LPN #8 stated she investigated the fall after breakfast. but there were no witnesses. She stated she completed a facility fall packet. LPN #8 stated later in the evening, Resident #218 complained of pain, and that an X-ray was ordered and obtained, but that the X-ray was negative for any fracture or other pathology. When asked why she was the nurse to complete the fall investigation, LPN #8 stated that the nurse for Resident #218 on that shift was not an employee of the facility. but was a temporary nurse from a nurse staffing agency. LPN #8 stated this nurse (LPN #9) was "still on a med (medication) cart when this happened." LPN #8 stated she assessed the resident for all the normal checks after a fall, including range of motion and neurological issues. LPN #8 stated she instructed LPN #9 to go in and check on Resident #218 once she finished her medication administration. LPN #8 stated: "I got [LPN #9]'s witness statement. I was never able to figure out why he fell." When the surveyor read LPN #9's witness statement to

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES

(X2) MULTIPLE CONSTRUCTION A. BUILOING

FORM APPROV OMB NO. 0938-03

PR(NTED: 07/12/20

(X3) OATE SURVEY COMPLETEO

> R-C 06/30/2016

495362

(X1) PROVIOER/SUPPLIER/CLIA

IOENTIFICATION NUMBER:

B. WING

NAME OF PROVIOER OR SUPPLIER

AND PLAN OF CORRECTION

STREET AOORESS, CITY, STATE, ZIP COOE

906 THOMPSON STREET ASHLAND, VA 23005

(X4) IO PREFIX -TAG

SUMMARY STATEMENT OF OFFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

in **PREFIX** TAG

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[X5] COMPLETIO DATE

## (F 280) Continued From page 18

ASHLAND NURSING AND REHABILITATION

her, and asked why this incident, as reported by Resident #218, was not investigated as anything other than an unwitnessed fall, LPN #8 did not respond. When asked if she had read LPN #9's witness statement, LPN #8 stated: "The agency nurse went in and talked to [Resident #218]. He said he was pushed. But he was really manic. No one could substantiate what happened." When asked if anyone interviewed Resident #219 on 6/25/16, LPN #8 stated she tried to talk to him, "but he speaks only Spanish. That is a problem. He speaks only in Spanish. He just kept saying 'I don't love him." When asked what the facility staff members have been trained to do in response to the report of a resident to resident incident, LPN #8 stated the staff is supposed to separate the residents, ensure their safety, make sure they are not in the same room and report it to the DCS (director of clinical services). She stated she talked with both ASM #2 and ASM #3 within 15 minutes of the incident. LPN #8 stated: "ASM #2 told me to do an investigation." She continued: "They (Residents #218 and #219) self-separated. [Resident #219] stayed in his room the rest of the day." When asked how she knew this, she stated that she and the other staff "checked on him." LPN #8 went on to say that she worked double shifts (16 hour shifts) on both 6/25/16 and 6/26/16. When informed that other CNAs and nurses who worked that day and on 6/26/16 did not know anything about a need for Resident #219 to stay in his room due to safety concerns, LPN #8 did not respond. When asked if she updated the care plan for either resident, LPN #8 stated: "No, I did not. The floor nurse should do the update." LPN #8 stated that the night shift supervisor working from 6/25/16 to 6/26/16 was made aware of the incident. (This nurse was not available for interview during the

{F 280}

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILDING \_ COMPLETED 495362 B. WING R-C NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) 10 ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG [X5] COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE OEFICIENCY) (F 280) Continued From page 19 {F 280} survey). On 6/29/16 at 1:50 p.m., LPN #4 was interviewed about the process to be followed after a resident to resident incident. She stated that both residents should be assessed and interviewed.

about the process to be followed after a resident to resident incident. She stated that both residents should be assessed and interviewed. She stated that all documentation should be up to date, and that the physician, social worker, supervisor and family should be notified immediately. She stated that the unit managers are responsible for updating care plans on weekdays, and that the weekend supervisors are responsible for updating care plans on the weekend. LPN #4 stated that the incident described in the 6/25/16 notes for Resident #218 and #219 should have been investigated and the care plan revised for both residents. LPN #4 stated that supervision should have been increased for both residents, especially since they are both independently ambulatory.

On 6/29/16 at 1:55 p.m., ASM #3, the director of clinical services, was interviewed about the events of 6/25/16. ASM #3 stated she was called "when it happened." She stated she came to the facility. ASM #3 stated: "You can't interview [Resident #219] because he is Hispanic. There were no injuries. I got witness statements from the staff." When asked from which staff she obtained witness statements, ASM #3 stated: "[LPN #9]." When asked if she obtained any other staff statements, ASM #3 said she did not. She stated: "I did an investigation and wrote it up." At this time, AM #3 provided the surveyor with a typed document dated 6/27/16 and titled "Investigation Synopsis." This document contained neither her name, nor her signature. nor any type of verifiable date stamp. Review of

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 07/12/20 FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-03! AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETEO 495362 B. WING NAME OF PROVIDER OR SUPPLIER R-C 06/30/2016 STREET AOORESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHAB(LITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PREFIX IO PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX [X5] COMPLETIO TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE DEFICIENCY) (F 280) Continued From page 20 this document revealed, in part, the following: {F 280} "Re: (regarding) possible resident to resident [Resident #218] and [Resident #219]. Methods of Investigation: Resident interview, Staff interview. Summary of findings:...On June 25, 2016 while in dining room when [Resident #218] came into [Resident #219]'s personal space causing [Resident #219] to become angry and pushing [Resident #218] to the floor. Both residents were separated immediately and assessed for injury. An interview was conducted by staff with [Resident #218] whom (sic) at the time was noted to be rambling with his words and noted to be in a heightened state or mania, however was able to state to staff that "The Hispanic man pushed me" during the interview. Resident was assessed no injuries were noted. [Resident #218] complained of back pain and was medicated with prn Tylenol. A physician's order for an x-ray of the cervical area of the back was obtained and the results were negative. [Resident #219] was interviewed by staff but was unable to give details of the incident but did state, "I told him I don't love him and I pushed him down." Both responsible parties and MD (medical doctor) were notified. In conclusion: After investigating the incident that occurred, a psychiatric consult was ordered for both residents because of each resident's altered mental status. Labs (laboratory tests) were also ordered for [Resident #218]. Care plans were also updated to reflect interventions and behaviors." When ASM #3 was asked, again, if the care plans were updated as stated in this document, she stated: "No." On 6/29/16 at 2:00 p.m., LPN #9 was interviewed

by phone. She stated: "The supervisor told me I had to go and interview [Resident #218] after it

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2( CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROV STATEMENT OF DEFICIENCIES OMB NO. 0938-03 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE [X5] CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETIC DATE DEFICIENCY) (F 280) Continued From page 21 {F 280} "manic" all morning, as demonstrated by talking quickly and nonsensically. She stated Resident #218 told her that when he was standing up in the dining room, Resident #219 approached him and hit him "vehemently and suddenly." When asked for clarification of the adverbs "vehemently and suddenly," she stated these are her interpretations of what Resident #218 told her. She stated that Resident #218 was adamant that Resident #219's actions were quick and violent. She stated that she also attempted to speak with Resident #219. She stated he told her that Resident #218 was cursing at him, acting as though Resident #218 was going to punch him. She stated she reported the results of both these interviews to the supervisor (LPN #8), and that LPN #8 told her to write down her interview with Resident #218 on a fall report witness statement. She stated she was not asked to write down the results of her interview with Resident #219. When asked if, as an agency nurse, she had received any specific training on this facility's procedures to be followed in the case of a report of a resident to resident altercation. She stated she had not received any such education or in-service. She stated her first reaction would be to separate the residents. She stated she had instructed the CNAs working that shift to watch both residents and to "keep an eye on them." When told that none of the CNAs working that day remembered being told to do any sort of special monitoring, she did not respond. When asked if she updated the care plan for either resident, she stated, "No." On 6/29/16 at 2:15 p.m., LPN #3, who was responsible for both Residents #218 and #219

that day, was interviewed. She stated she was not aware of any interventions put in place to

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-039 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CDDE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PROVIDER'S PLAN OF CORRECTION REGULATORY DR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CDRRECTIVE ACTION SHOULD BE IX5I COMPLETION TAG CRDSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {F 280} Continued From page 22 {F 280} keep these residents apart. She stated, "They both walk the halls all the time." On 6/29/16 at 3:35 p.m., ASM #2, the regional

director of clinical services, was interviewed regarding these events. She stated: "I called the facility on that Saturday like I always do on a weekend. I spoke to [LPN #8] and she said, 'We had an incident." She stated LPN #8 told her that Resident #218 has a history of manic phases and gets in other residents' personal space sometimes. She stated LPN #8 told her that [Resident #219] is being treated for dementia. She stated LPN #8 told her that [Resident #218] had told [LPN #8] that [Resident #219] had pushed him. She stated: "I told her to investigate. And I never got a call back. I did not follow up on Sunday. I did follow up on Monday after the morning meeting. None of the stories matched up." When asked if the allegations and the stories not matching up were not reasons for safety measures to be implemented immediately on 6/25/16 and continuing through the weekend and to the present time, ASM #2 did not respond right away. After a few seconds, she stated: "We have tried to do so much. We have come a long way and this is a fluke. We have not had agency nurses in here since that day (6/25/16). This staff is sabotaging itself. It is so hard."

On 6/29/16 at 5:15 p.m., ASM #1, the executive director and administrator of record, ASM #2, ASM #3 and RN (registered nurse) #1, the assistant director of clinical services, were informed of these concerns.

No further information was provided prior to exit. (1) "Schizoaffective disorder is a mental condition that causes both a loss of contact with reality and

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{F 280}	""Offination is taken	Dression or manial " This	{F 28	B0}			
	levels, and the ability tasks." This information	, also known as ness, is a brain disorder that its in mood, energy, activity to carry out day-to-day at taken from the website n.gov/health/topics/bipolar-dis					
	3. Facility staff failed care plan after the 6, another resident, Re	to update Resident #205's /22/16 altercation with sident #221.					
	Resident #205 was a 9/22/09 with diagnos limited to: legally blin osteoarthritis, high bl The most recent MD: quarterly assessmen reference date) of 5/2 having a 15 out of 15 for mental status) ind cognitively intact to m resident was coded a activities of daily living	admitted to the facility on sees that included but were not id, anxiety, depression, lood pressure and arthritis. S (minimum data set), a t, with an ARD (assessment 27/16 coded the resident as if on the BIMS (brief interview licating the resident was nake daily decisions. The as needing supervision for g. The resident was coded for s directed towards others.					
i	7/24/13 and readmitte that included but were high blood pressure, I dementia and depress a quarterly assessme	dmitted to the facility on ed on 5/7/15 with diagnoses on not limited to: liver failure, personality disorder, sion. The most recent MDS, nt, with an ARD of 5/3/16 having a two of 15 on the					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING\_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL IX5| COMPLETION **PREFIX** (EACH CDRRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 280) Continued From page 24 (F 280) BIMS indicating the resident was severely impaired cognitively to make daily decisions. The resident was coded as having behaviors not directed towards others. Review of Resident #205's nurse's note dated 6/22/16 at 11:15 a.m. documented, "Resident noted being involved with another resident in an (sic) physical altercation, this resident states he was rolling to the dining room for lunch when another resident was coming from out of dining room, their wheelchairs collided then the other resident hit this resident in the arms residents were immediately removed from each other the resident (Resident #221) that was hitting was taken back to room, residents (Resident #205) bilateral arms assessed (no) bruising noted @ this time (no) c/o (complaints of pain) (no) s+s (signs and symptoms) discomfort noted while talking (with) resident resident also states the other resident did not hit him hard he is fine was just startled RP (responsible party) + MD (medical doctor) aware." Review of the resident's care plan dated 6/22/16 documented, "PROBLEM 6/22/2016. propels w/c (wheelchair) (without) assistance risk to run into others. GOAL 6/22/2016 Resident will not roll into others while in w/c." Further review of the care plan did not evidence documentation of an approach or intervention to keep the resident safe from others.

On 6/29/16 at 8:50 a.m. an interview was

manager. When asked about the 6/22/16 altercation, RN #2 stated, "I didn't see it, but the other resident came out of the dining room and bumped into him (Resident #205)." When asked

conducted with RN (registered nurse) #2, the unit

CENT	ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINT FC	TED: 07/12/20 DRM APPROVI	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	OMB (x3)	NO. 0938-03 DATE SURVEY COMPLETED	
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	how this information with staff, RN #2 stareport." When asked for the 6/22/16 alter we've got to see how	n was documented or shared ated, "I know we gave a verbald what the intervention was cation, RN #2 stated, "I see w to keep him safe."	{F 28	- -			
	asked the process sa resident to resident "We should be updathe 24 hour report. In to the CNAs (certifie know what to monito Resident #205's care keep Resident #205	o.m. with ASM (administrative the director of nursing. When staff followed in documenting at altercation, ASM #3 stated, atting the care plan, put it on furses should be giving report donursing assistants) so they be." When asked to review a plan for interventions to safe from others, ASM #3 locumentation. I don't see					
	On 6/29/16 at 5:30 p administrator, ASM # clinical services and nursing were made a	t2, the regional director of ASM #3, the director of					
	in the nature and digit company that he/she rights, including the rineglectPrevention who may be at risk is	s policy titled "Resident in part, "Policy: It is inherent nity of each resident at The be afforded basic human ight to be free from abuse, . Monitoring of residents the responsibility of all ded monitoring resident (sic) nerable for abuse for s in behavior"					
(F 281) \$S=D	No further information 483.20(k)(3)(i) SERVI PROFESSIONAL STA	n was provided prior to exit. CES PROVIDED MEET ANDARDS	{F 281	·)			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDIC	ARE & MEDICAID SERVICES		FORM APPRO	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING	OMB NO. 0938 ( (X3) OATE SURVE COMPLETEO	
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{F 281} Continued From page 26

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced bv:

Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide services to meet professional standards for two of 21 residents in the survey sample, Resident #204 and Resident #205.

- The facility staff dated Resident #204's physician's oxygen order for 6/9/16 when the order had been obtained on 6/28/16.
- 2. The facility staff dated Resident #205's care plan intervention for 6/22/16 when the care plan had been updated on 6/29/16.

The findings include:

1. Resident #204 was admitted to the facility on 6/7/16 with diagnoses that included but were not limited to: chronic lung disease, congestive heart failure, kidney disease and high blood pressure.

The most recent MDS (minimum data set), an admission assessment, with an ARD (assessment reference date) of 6/14/16 coded the resident as having scored a 15 out of 15 on the BIMS (brief interview for mental status) indicating the resident was cognitively intact to make daily decisions. In section O titled "Special Treatment, Procedures, and Programs" the resident was coded as receiving oxygen therapy. {F 281}

7/27/201

1. Resident #204 is receiving oxygen administration as ordered by the physician. Resident #205 will have a new safety care plan written. 2. Residents currently residing in the facility have the potential to be affected. A review of resident records with orders for oxygen was conducted and all orders are current and oxygen therapy implemented as ordered. There have been no resident to resident altercations. 3. In-servicing has been provided to the licensed nurses by the DCS/designee on proper and accurate documentation to include receiving and transcribing physician orders. MDS Coordinator has inserviced RDCS and Unit Managers on proper updating of care plans to include timely and accurate updating and acceptable procedure for documenting addendums or late entries. Random weekly review will be conducted by the DCS/designee

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for five (5) residents per week for

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/12/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETEO R-C 495362 B. WING. NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET AODRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IOENTIFYING INFORMATION) TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

### {F 281} Continued From page 27

Review of the physician's orders dated 6/9/16 and signed on 6/28/16 at 3:00 p.m. documented, \*Oxygen @6L/M (liters/minute) via NC (nasal cannula - soft prongs that fit in the nose to deliver oxygen) continuous."

Review of the June 2016 MAR (medication administration record) documented, "Oxygen @ 6 L/M via NC continuous 6/28/16."

On 6/29/16 at 8:20 a.m. an interview was conducted with LPN (licensed practical nurse) #10, the nurse who wrote the oxygen order. When asked the process for taking a verbal orders from a physician, LPN #10 stated, "When I take a verbal order, I'm going to write down exactly what's said, make sure it's right and transcribe it to the TAR (treatment administration record) and MAR." When asked to explain the difference in the dates on the oxygen order, LPN #10 stated that on 6/9/16 she had received a verbal order from the physician for the oxygen to be administered at 6 liters per minute. She told the resident's nurse about the order and expected the nurse to write the order (the nurse did not write the order). LPN #10 stated, "It's a clarification order to start off. At the bottom on the POS (physician order set) it was 4 liters, but every time we checked it, it was on six liters from four liters." LPN #10 stated she had asked the resident if he knew how many liters of oxygen he should be on and the resident told her he was to be on six liters. LPN #10 stated she called (name of doctor) on 6/28/16 and told him what she had discovered and (name of doctor) said, "If he's on six and comfortable on six we'll keep him on six." When asked if staff typically back dated orders. LPN #10 stated, "Because I knew we had had that discussion with (name of doctor) on

{F 281}

three (3) months to ensure oxygen orders are transcribed properly and timely. All incidents will be reviewed and discussed in morning meeting and the MDS Coordinator will ensure that interventions have been added to the care plan in a timely manner with the accurate date of implementation.

4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly for three (3) months. The committee will recommend provisions to the plan as indicated to sustain substantial compliance.

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į	admission I felt it w was a nursing stand physician orders, LI	as justifiable." When asked if it dard of practice to back date PN #10 did not reply.	{F 28	31}	·		
r t: " a (r	nanager, regarding aking verbal physic Repeat it to the document transcribe it to the transcribe party) k	a.m. an interview was (registered nurse) #2, the unit the process staff followed for ian orders. RN #2 stated, stor, write it on the order sheet he MAR and TAR. Let the RP know." When asked if it was a practice to back date orders,					
m se fo #2 th ar ac sta giv ne AS ma for ma	nember) #2, the registervices. When aske or taking a verbal one 2 stated, "Write down a dime it" ASM #2 coeptable to back dated, "If I forgot to we one." When aske of the fine the nursing standard in the nursing standard.	.m. an interview was (administrative staff ional director of clinical d the process staff followed der from a physician, ASM on the order, read it back to sure it's accurate. Date it was asked when it was ate an order. ASM #2 orite an order when it was all the doctor back and get a ed what date would be used, current date." ASM #2 was dings at that time. A request rds the facility used was M #2 stated that they did					
	view of the facility's re/Standards of Pra cumentation for bac	policy titled, "Medical ctice" did not evidence k dating orders.					
clin	6/29/16 at 5:30 p.m ninistrator, ASM #2, ical services and AS	n. ASM #1, the the regional director of SM #3, the director of					

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{F 281}	aware of the finding	clinical services) were made	{F 28	1}			
	"Don't alter a client's offense. Never add without indicating th document anything	s record, this is a criminal information at a later date					
	limited to: legally blir	as admitted to the facility on ses that included but were not and, anxiety, depression, lood pressure and arthritis.					
	quarterly assessmer reference date) of 5/ having scored a 15 c interview for mental swas cognitively intac The resident was cofor activities of daily less the second control of the second control of the control of the second control of the se	os (minimum data set), a nt, with an ARD (assessment 27/16 coded the resident as put of 15 on the BIMS (brief status) indicating the resident to make daily decisions. ded as needing supervision iving. The resident was behaviors directed towards		·			
	6/22/16 at 11:15 a.m. noted being involved (sic) physical altercat was rolling to the dini another resident was	#205's nurse's note dated documented, "Resident with another resident in an ion, this resident states he ng room for lunch when coming from out of dining irs collided then the other	·	RE	CEIVED IL 15 2016 DH/OLC		

resident hit this resident in the arms residents were immediately removed from each other the resident that was hitting was taken back to room,

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {F 281} Continued From page 30 {F 281} residents bilateral arms assessed (no) bruising noted @ this time (no) c/o (complaints of pain) (no) s+s (signs and symptoms) discomfort noted while talking (with) resident resident also states the other resident did not him hard he is fine was just startled RP (responsible party) + MD (medical doctor) aware." Review of the resident's care plan dated 6/22/16 documented, "PROBLEM 6/22/2016. propels w/c (wheelchair) (without) assistance risk to run into others. GOAL 6/22/2016 Resident will not roll into others while in w/c." Further review of the care plan did not evidence documentation of an approach or intervention to keep the resident safe from others. On 6/29/16 at 8:50 a.m. an interview was conducted with RN (registered nurse) #2, the unit manager. When asked about the 6/22/16 altercation, RN #2 stated, "I didn't see it, but the other resident came out of the dining room and bumped into him (Resident #205)." When asked how this information was documented or shared with staff, RN #2 stated, "I know we gave a verbal report." When asked what the intervention was for the 6/22/16 altercation, RN #2 stated, "I see we've got to see how to keep him safe." On 6/29/16 at 1:15 p.m., RN #2 returned with Resident #205's care plan. On the care plan was documented, "APPROACHES & INTERVENTIONS. 6/22/16 staff to transport res. (resident) off unit." When asked when the intervention had been added to the care plan, RN

#2 stated, "(ASM #2) added it today." When asked if it was a nursing standard to back date documentation RN #2 stated that it was not.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 07/12/20 FORM APPROV STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-03 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 495362 B. WING R-C NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE [X5) TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETIC DATE DEFICIENCY) {F 281} Continued From page 31 {F 281} On 6/29/16 at 1:55 p.m. an interview was conducted with ASM #2, the regional director of clinical services. When asked about Resident #205's back dated care plan, ASM #2 stated, "(Name of RN #2) brought it to me." When asked if the care plan had been updated on 6/29/16 but dated for 6/22/16, ASM #2 stated it was. On 6/29/16 at 5:30 p.m. ASM #1, the administrator, ASM #2, the regional director of clinical services and ASM #3, the director of nursing (director of clinical services), were made aware of the findings. A request for the facility's nursing standards was made at this time; ASM #2 stated there were no manuals. On 6/30/16 at 8:10 a.m. ASM #2 met with the three surveyors. ASM #2 stated that her unit manager was young and she had come to her and told her that she thought this surveyor was giving them a "freebie" for the interventions for the resident. ASM #2 stated she knew better than that but that is why they post dated the intervention on Resident 205's care plan. No further information was provided prior to exit. {F 282} 483.20(k)(3)(ii) SERVICES BY QUALIFIED {F 282} SS=E PERSONS/PER CARE PLAN The services provided or arranged by the facility 7/27/2016 must be provided by qualified persons in

1. Resident #212 has a behavioral monitoring record. Resident #214 has a behavioral monitoring record. Resident #203 and # 206 ale having oxygen administered as ordered. Resident #213 is wearing ted hose as ordered by MD.

care.

accordance with each resident's written plan of

This REQUIREMENT is not met as evidenced

Based on observation, staff interview, facility

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				DD14:			
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I STALEMEN	I DE DEFICIENCIES	(X1) PROVIDED IN INDICAS	<del>,</del>		<del></del>	OMB NO	0938-039		
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION				SURVEY		
			A. BUILD	DING .		COME	PLETED		
		495362			<del></del>	R-	c		
NAME OF	PROVIDER OR SUPPLIER	455002	B. WING			1	<u>30/2</u> 016		
1			-	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 0070	0/2016		
ASHLAN	ID NURSING AND RE	ABILITATION	-	90	06 THOMPSON STREET				
(X4) ID	SHAMADVETA			Α	SHLAND, VA 23005				
PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		D		PROVIDER'S PLAN OF CORRECTION	ON.	<del></del>		
TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D D C	[X5] COMPLETION OATE		
(F 282)	Continued From page 32		{F 282}		2. Residents currently residir	ng in the			
	document review and clinical record review it was				facility have the potential to				
	determined that faci	lity staff failed to follow the			affected. Resident were rev				
	plan of care for five	Df 21 residents in the survey			and residents with orders fo				
	sample, Resident #2	212. Resident #214. Resident			and ted hose were observe	d and			
	#203, Resident #206 and Resident #213.  1. The facility staff failed to implement behavior monitoring for Resident #212 as per the care plan implemented on 3/3/16 and updated on 5/26/16.				devices were in place. Resid				
					with a need for behavior m	iems			
					were reviewed and behavior	onitoring			
					monitoring forms are in pla	ce.			
	2. The facility staff failed to implement behavior				3. DCS/designee will in-serv	rice			
mornioring for Reside		ient #214 as ner the care plan			nursing staff /on regulation	s for			
	implemented on 5/9/	/16.			administration of oxygen ar	nd			
	3. The facility staff failed to administer oxygen per the plan of care for Resident # 203.				following the residents plar	of care.			
					Nursing staff will also be in-	serviced			
	the plant of care for h	Resident # 203,			on the behavioral policy as	it relates			
	4. The facility staff failed to administer oxygen				to monitoring behaviors and	d			
	per the plan of care for Resident # 206.				documentation. In-servicing	will be			
					provided to the nursing staf	fand			
	5. The facility staff failed to follow the plan of care for Resident #213 when they did not apply				nursing assistants on donnir	ng and			
					removing ted hose as per M	Dordor			
	TED (1) hose on 6/29/16.				DCS/designee will perform r	andom			
	The findings include:				observations 5 times weekly	anuon			
					months to ensure that oxyg	7 101 3			
	1. Resident #212 wa	s admitted to the facility on							
	4/26/16 with diagnose	es that included but were not			therapy is being provided as	per MD			
	ilittiteo to: dementia, a	anxiety, psychosis and			order and plan of care.				
	bipolar disease (1).				DCS/designee will conduct re	andom			
	The most recent MDS (minimum data set), a				audits weekly x 3 months to	ensure			
(	Quarterly assessment	c (minimum data set), a with an ARD (assessment			that residents with behavior	ents with behaviors have a			
1	eference date) of 5/2	24/16, coded the resident as			current behavior monitoring	sheet			
1	naving scored a four (	Out of 15 on the RIMS (brief			to identify behaviors. Rando	m			
ſ	nterview for mental s	tatus) indicating the resident			observations will be conduct	ed			
V	was severely impaired	Cognitively to make daily			weekly x 3 months to ensure				
C	iecisions. In section [	titled Rehavior the			residents with orders for ted	hose			
1	resident was coded as wandering for one to three				are being applied as ordered				

are being applied as ordered.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETEO R-C 495362 B. WING NAME OF PROVIOER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES 10 **PREFIX** (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PROVIDER'S PLAN OF CORRECTION PRFFIX (EACH CORRECTIVE ACTION SHOULO BE JX5j COMPLETIO TAG REGULATORY OR LSC IOENTIFYING INFORMATION) CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE OEFICIENCY) (F 282) Continued From page 33 {F 282} days in the look back period. The resident was coded as requiring supervision to assistance of 4. Results of the reviews will be one staff member for activities of daily living. discussed by the administrator/designee at the Review of Resident #212's plan implemented on Quality Assurance Performance 5/9/16 documented, "Focus: Impaired or inappropriate behaviors. As Evidenced By: Wandering, APPROACHES & INTERVENTIONS.

Review of Resident #212's behavior monitoring flow record did not evidence documentation of targeted behaviors or that behaviors had been monitored.

Monitor behavioral symptoms...."

Review of the nurse's notes from 6/22/16 to 6/30/16 did not evidence documentation related to behavior.

On 6/29/16 at 3:30 p.m. an interview was conducted with LPN #11. When asked who used the care plan, LPN #11 stated, "The nursing staff, the charge nurses, the unit manager and MDS (coordinators)." When asked why they had care plans, LPN #11 stated, "So when issues that arise with the resident we are all on the same page." When asked if staff should follow the care plan, LPN #11 stated, "I think it's very important, it (the care plan) should be accurate so everyone's on the same page to get to the same goal."

Review of the facility's policy titled, "Plans of Care" documented in part, "Procedure: Direct care staff should be aware, understand and follow their Resident's Plan of Care. If unable to implement any part of the plan, notify the Clinical Nurse or Care Planning Coordinator, so that documentation to support his (sic) can be provided and plan of care changed if necessary.

Improvement meeting monthly for three (3) months. The committee will recommend provisions to the plan as indicated to sustain substantial compliance.

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES			FOR	ED: 07/12/20 RM APPROVE		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA . IOENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION ING	(X3) (	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER		<u>'</u>	STREET ADORESS, CITY, STATE, ZIP CO		06/30/2016		
ASHLAN	ND NURSING AND REI	HABILITATION		906 THOMPSON STREET ASHLAND, VA 23005	OE			
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{F 282}	Continued From pa	ge 34	{F 28	·	· · · · · · · · · · · · · · · · · · ·			
	regional director of	p.m. ASM (administrative staff ministrator, ASM #2, the clinical services and ASM #3, ng were made aware of the						
	causes unusual shif	also known as ness, is a brain disorder that ts in mood, energy, activity y to carry out day-to-day	·					
	3/31/08 With diagnos	as admitted to the facility on ses that included but were not 's disease, high blood and anxiety.						
	having rarely make s able to understand o Behavior, the resider on a daily basis. The	S, a quarterly assessment, 116 coded the resident as self understood and rarely thers. In section E, titled nt was coded as wandering resident was coded as to one person assist for g.		·				
	Review of Resident # "Behavior/Mood" doc Impaired or inapprop	#214's care plan titled, cumented in part, "Focus: riate behaviors. As		RECE	IVED			

Review of Resident #214's June 2016 behavior monitoring flow record did not evidence documentation of targeted behaviors or that the

Evidenced By: Wandering, 5/23/16 aggression

towards other residents. APPROACHES AND INTERVENTIONS. Monitor behavioral

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symptoms...."

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION IOENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILOING COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF OEFICIENCIES (X4) IO (EACH OFFICIENCY MUST BE PRECEOED BY FULL **PRÉFIX** PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG [X5] COMPLETION CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE OEFICIENCY) (F 282) Continued From page 35 {F 282} behaviors had been monitored.

Review of the nurse's notes did not evidence documentation from 6/22/16 to 6/30/16.

On 6/29/16 at 3:30 p.m. an interview was conducted with LPN #11. When asked who used the care plan, LPN #11 stated, "The nursing staff, the charge nurses, the unit manager and MDS (coordinators)." When asked why they had care plans, LPN #11 stated, "So when issues that arise with the resident we are all on the same page." When asked if staff should follow the care plan, LPN #11 stated, "I think it's very important, it (the care plan) should be accurate so everyone's on the same page to get to the same goal."

On 6/29/16 at 5:30 p.m. ASM (administrative staff member) #1, the administrator, ASM #2, the regional director of clinical services and ASM #3, the director of nursing were made aware of the findings.

3. Resident # 203 was admitted to the facility on 10/26/12 and most recently readmitted on 2/23/13 with diagnoses that included but were not limited to: chronic obstructive pulmonary disease, convulsions, depression, peripheral vascular disease, coronary artery disease, hypertension, hyperlipidemia; atrial fibrillation, abdominal aortic aneurysm, glaucoma, diabetes, and kidney disease.

Resident # 203's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 4/3/16, coded Resident # 203 as usually understood by others and usually understanding others. Resident # 203 was coded as scoring 10 of a possible 15 on

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495362 NAME OF PROVIDER OR SUPPLIER			B. WING			R-C
	AND NURSING AND RE	HABILITATION		STREET ADDRESS, CITY, ST 906 THOMPSON STREET ASHLAND, VA 23005	ATE, ZIP CODE	06/30/2016
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{F 28	Cognitive Patterns, moderately cognitive	for Mental Status in Section C, indicating the resident was /ely impaired. Section O sident received oxygen	{F 28	32}		
	revealed physician 4/15/13 that were n physician on 6/10/1 documented: "O2 @ CONTINUOUS HU	t # 203's clinical record orders with a start date of nost recently signed by the 6. The physician order 2 L VIA NASAL CANNULA MIDIFIED FOR SHORTNESS gen at 2 liters per minute).	-			
	initiated on 4/1/14 a documented, under Category: Cardiova "APPROACHES & INTERVENTIONS ordered." "IMP (impanother care plan in 9/15/14 documente Category: Respirate INTERVENTIONS route, device, and li	"PROBLEM" "Focus		·		
	approximately 11:45 3:55 p.m. During ea Resident # 203 was cannula and the oxy and 3/4 liters per mi bottom the ball in th	c observed on 6/28/16 at 5 a.m. and again on 6/28/16 at ach of these observations receiving oxygen via a nasalygen concentrator was set at 1 inute as evidenced by the e concentrator flow meter ter mark and the top just mark.				

During an interview and observation of Resident #

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			A. BUILD	ING	-	(X3) DATE SURVEY COMPLETED		
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ASHLA	ND NURSING AND RE			STREET ADDRESS, CITY, ST 906 THOMPSON STREET ASHLAND, VA 23005	ATE, ZIP CODE	00/30/2016		
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	ASHLAND NURSING AND REHABILITATION  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEOFD BY FULL)		{F 28					

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES			PRINTED: 07/12/20 FORM APPROVI		
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	OMB NO, 0938-0 (X3) DATE SURVEY COMPLETED		
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1	PROVIDER OR SUPPLIER  NURSING AND REI	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP ( 906 THOMPSON STREET ASHLAND, VA 23005	06/30/2016 CODE		
(X4) ID PREFIX TAG	. (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO	ISHOULD DE 172)		
{F 282}	Continued From pa stated that the care order should also be	plan is used but the physician	{F 28				
	concern of not follow	on 6/30/16 at approximately If # 1 and ASM # 2, the wing the plan of care was of the policy-for care plans					
	care" revealed, in p interdisciplinary plar for each resident an state and federal regas as-needed basis, encompasses many the resident's clinica only structured care also include MARS (records), TARS (treatecords), physician of legal documents that for the individual resistant be aware, uncapitally part of the plan, Care Planning Coord documentation to supprovided and plan of	orders, flow records, and/or twould drive the plan of care identDirect care staff derstand and follow their are. If unable to implement notify the Clinical Nurse or linator, so that					
	According to Fundam Williams and Wilkins documented, "A writte communication tool a members that helps careThe nursing ca	nentals of Nursing Lippincott 2007 pages 65-77 en care plan serves as a					

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			DE	DINITED, OZUGGA
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			rr	RINTED: 07/12/2019 FORM APPROVE
STATEMEN	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		MB NO. 0938-039 (X3) DATE SURVEY COMPLETED
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ŀ	PROVIDER OR SUPPLIER  ND NURSING AND RE	HABILITATION		STREET ADDRESS, 0 906 THOMPSON ST ASHLAND, VA 2		06/30/2016
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{F 282}	and goals. It conta achieving the goals and is used to direct revise and update there are changes in with new orders"  According to Funda Potter, 6th edition, putreated as a drug. It such as atelectasis any drug, the dosages should be continuous should routinely che verify that the client oxygen concentration medication administration."  4. Resident # 206 w 7/29/15 and most rewith diagnoses that to: chronic respirator quadriplegia, Down gastro-esophageal resident # 206's modata set), a quarterly (assessment referencesident # 206 as nothers and never/rar Resident # 206 was	ins detailed instructions for established for the patient of careexpect to review, the care plan regularly, when n condition, treatments, and mentals of Nursing, Perry and page 1122, "Oxygen should be that dangerous side effects, or oxygen toxicity. As with the or concentration of oxygen paly monitored. The nurse each the physician's orders to its receiving the prescribed on. The six rights of tration also pertain to oxygen was admitted to the facility on cently readmitted on 5/16/16 included but were not limited by failure, convulsions, Syndrome, dementia, efflux disease, neurogenic ension.  The six rights of tration also pertain to oxygen was admitted to the facility on cently readmitted on 5/16/16 included but were not limited by failure, convulsions, Syndrome, dementia, efflux disease, neurogenic ension.  The six rights of the facility on the cently readmitted on 5/16/16 included but were not limited by failure, convulsions, Syndrome, dementia, efflux disease, neurogenic ension.	{F 28	32}		

Review of Resident # 206's clinical record

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 07/12/20 STATEMENT OF DEFICIENCIES FORM APPROV (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-03 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 495362 NAME OF PROVIDER OR SUPPLIER B. WING R-C 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFIC(ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX ID PROVIDER'S PLAN OF CORRECTION TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5) CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETIC DATE DEFICIENCY) {F 282} Continued From page 40 revealed a telephone order dated and signed on {F 282} 6/3/16 by the physician that documented: "O2 @ 2.5 ml/min. Via Trach to equal 30% oxygen, 20 PSI, 80 % humidifier Q shift." This order again appeared on the Physician Order Sheet and was signed by the physician on 6/6/16. NOTE: O2 = oxygen; @ = at; ml = milliliters; trach = tracheostomy (tube in an opening in windpipe to support breathing); PSI = ppunds per square inch (pressure at which oxygen is delivered); Q = every. Resident # 206's comprehensive care plan initiated on 4/1/14 and revised 9/15/14 documented, under "PROBLEM" "Focus Category: Cardiovascular" dated 8/11/15. Under: "APPROACHES & INTERVENTIONS...Administer oxygen as ordered." Observations of Resident # 206's oxygen equipment were made on the following dates and times:

6/28/16 at on initial tour at approximately 11:30 a.m. O2 flow meter was set to 3L/min. (ball centered on 3L line) 6/28/16 at 3:50 p.m. O2 flowmeter was set to

3 L/min. (ball centered on 3L line)

6/29/16 at 8:00 a.m. O2 flowmeter was set to 2 1/2 L/min (bottom of ball sitting on 2L line with top of ball at the 2.5 L line)

6/29/16 at 9:29 a.m. O2 flow meter was set to 2 3/4 L/min. (bottom of ball sitting on 2.5 L line with top of ball on the 3 L line)

6/29/16 at 10:10 a.m. O2 flow meter was set to 2.5 L/min and Humidity was set to 28% (instead of the ordered 80 %)

6/29/16 at 12:58 p.m. O2 flowmeter was set

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STALE MENT	FOF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	()(2)			FOR	D: 07/12/2 M APPRO O. 0938-0	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	LTIPLI DING .	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495362	B. WING				R-C	
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS OF THE	4	6/30/2016	
ASHLAN	D NURSING AND RE	HABILITATION		90	TREET ADDRESS, CITY, STATE, ZIP CODE 06 THOMPSON STREET SHLAND, VA 23005			
(X4) ID PREFIX	SUMMARY STA	TEMENT DF DEFICIENCIES	<u> </u>  D		<del></del>			
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	11 6	(X5) COMPLE DATE	
{F 282}	Continued From pa	ae 41						
	to 2.5 L/min and Hu	midity was set to 28%	{F 28	32}				
	(Instead of the orde	red 80 %) [This was also						
	onserved by LPN (II	Censed practical purse # 2						
	on 0/29/16 at 12:58	p.m.j						
	2.5 L/min and Humi	p.m. O2 flow meter was set to dity was set to 28 % (instead	1					
	or the progred 80 %	) I I his was also observed by						
	LEN # 4, the unit ma	anager on 6/29/16 at 1:05						
	p.m.]							
	revealed the followin properly read the flo- flowrate line on the f	facturer's User Manual ng: Page 19. "NOTE: To wmeter, locate the prescribed lowmeter. Next, turn the flow ses to the line. Now, center line prescribed."			• -			
   	During an interview of LPN # 3 Resident # 2 pbserved. The O2 floordered and the hunthe ordered amount).	on 6/29/16 at 12:58 p.m. with 206's oxygen equipment was ow meter read 2.5 L/min (as nidity read 28 % (80% being LPN # 3 agreed with the check the physician order.						
: 3 3	_PN # 4, LPN # 4 car adjusted the humidity asked what the readir	on 6/29/16 at 1:05 p.m. with me into the room and o setting to 80%. When ang was before she (LPN # 4) whe stated that it was set to						
a	.PN # 3, LPN # 3 stat	n 6/29/16 at 1:07 p.m. with ted that she had not ettings on Resident # 206's						
0	ouring an interview or bservations were sha	n 6/29/16 at 1:20 p.m. these ared with ASM						

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES [X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRFFIX (EACH CORRECTIVE ACTION SHOULD BE [X5] COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 282) Continued From page 42 {F 282} (administrative staff member) #2, the corporate nurse, and a request was made for any policy or information on Resident # 206's oxygen equipment. During an interview on 6/29/16 at 2:50 p.m. with LPN # 4, LPN # 4 suggested that perhaps the Resident's brother had adjusted the O2 settings. At this time a request was made for any documentation to corroborate that assertion, nurse's notes, care plan, education of family. Prior to exit no documentation was provided. At this time LPN # 4 was asked explain how one would read the oxygen flow meter. LPN # 4 stated that one would get down to eye level and that the ball should be centered on the line of the prescribed flow rate. During an interview on 6/29/16 at 3:50 p.m. with Resident # 206's brother, the brother was asked, "Have you ever touched your brother's (Resident # 206) oxygen equipment." The brother answered, "No, I do not." During an interview on 6/29/16 at 4:00 p.m. with LPN # 3, LPN # 3 stated, "I knew it was supposed to be on 80 %, I saw that it was on 28 % I went out to read the chart and the (name of LPN # 4) came in and she fixed it. I do not know how it got to be set on 28 %. I have been going in more frequently since then to check and it has been correct each time." Review of the facility policy "Oxygen Therapy" Under "PROCEDURE: 1. Review physician's order...7. Attach humidifier or nebulizer to

flowmeter, if indicated. 8. Attach administration

CENTERS FOR MEDICARE & MEDICAID : STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SI IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	FORM APPROV OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED		
		495362	B. WING	<del></del>	R-C		
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS OF A	00/00/00		
<del></del>	D NURSING AND RE	<u></u> _		STREET ADDRESS, CITY, STATE, ZIP CO 906 THOMPSON STREET ASHLAND, VA 23005	DOE		
(X4) ID PREFIX TAG	(EWOU DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR	NIA   IA9		
{F 282}	Continued From pa 9. Start O2 flowrate	ge 43 at the prescribed liter flow"	{F 28				
	Set-Ups Utilizing Lic Concentrator with A stated that this was provided to nurses. was a one page dia hand corner was an	ir Compressor." ASM # 2 the educational information The educational information gram and in the bottom right inset showing how to adjust Match pointer with notch on					
	new order or interve plan. LPN # 13 furth	on 6/30/16 at 9:10 a.m. with stated that when she gets a ntion she updates the care her stated that she uses the nd that she finds it very					
i i s	updated with interver information from the	on 6/30/16 at 9:20 a.m. with ated that the care plans are ntions and nurses get care plan, LPN #1 further plan is used but the physician checked.					
ī	Ouring an interview o	n 6/30/16 at approximately					

5. Resident #213 was admitted to the facility on 9/1/15 with diagnoses including, but not limited to:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-039 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX IΠ PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CDRRECTIVE ACTION SHOULD BE (X5) COMPLETION TAG CROSS REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 282) Continued From page 44 {F 282} On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 5/10/16, Resident #213 was coded as being severely cognitively impaired for making daily decisions; having scored three out of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of one staff member for dressing.

A review of the clinical record revealed the following order dated 3/1/16: "TED hose on at every morning off at bedtime for edema (swelling)."

On the following date and times, Resident #213 was observed sitting in her wheelchair in the dining room, without TED hose (1) applied: 6/29/16 at 8:10 a.m., 11:50 a.m., 1:15 p.m., and

A review of the comprehensive care plan for Resident #213 dated 2/15/16 revealed, in part, the following: "Cardiovascular problem: Edema. TED hose as ordered."

On 6/29/16 at 2:45 p.m., CNA (certified nursing assistant) #1 was interviewed regarding any items Resident #213 should have been wearing. CNA #1 accompanied the surveyor to observe Resident #213. After observing the resident, CNA #1 stated: "She was already dressed when I got her this morning. I just checked her when I got here." When asked directly if the resident was supposed to wear anything on her legs, CNA #1 stated: "To tell you the truth, I don't know. I just check her to make sure she is not wearing any extra clothing. She likes to put on lots of different clothes on top of each other." When asked if she was aware of what the care plan

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2:45 p.m.

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES			FOR	D: 07/12/20 <sup>-</sup> M APPROVE
ISTATEMEN	IT OF DEFICIENCIES OF CORRECTION	(V4) DDD1//D==		TIPLE CONSTRUCTION NG	OMB N (X3) O	O. 0938-036 ATE SURVEY DMPLETED
		495362	B. WING		1	R-C
NAME OF	PROVIDER OR SUPPLIER	<del></del>	1	STREET AOORESS, CITY, STATE, ZIP CO	0	6/30/2016
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(X4) IO 	(EAUH DEFICIENCS	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDEO BY FULL SC IOENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR	SUMBLE	[X5] COMPLETIOI CATE
{F 282}	Continued From pa stated that Residen her legs, CNA #1 st not."	ige 45 it #213 should be wearing on tated: "No. I'm sorry. I'm	{F 28	2}		<del>,</del>
	On 6/29/16 at 3:05 p.m., LPN (licensed practical nurse) #10 was asked to accompany this surveyor to observe Resident #213. When asked if the resident was wearing TED hose, LPN #10 stated: "No she is not. But I'm not sure she is supposed to. I'll need to check the order." The surveyor accompanied LPN #10 to check the order on the resident's chart. LPN #10 stated: "My usual procedure is that the TED hose get put on with morning care. They should have been put on this morning by the CNA, or I should have been told if she had refused them or something." When asked how she communicates a resident's care plan needs to CNAs, she stated: "I never work over here. I'm just filling in today. I thought these CNAs knew these residents better than me."		·			
	regional director of c director of nursing (a clinical services), and	o.m., ASM #1, the executive trator of record, ASM #2, the dinical services, ASM #3, the also known as the director of RN (registered nurse) #1, or of clinical services, were necerns.				
	staff should be aware Resident's plan of Ca	y policy entitled "Plans of art, the following: "Direct care e, understand and follow their are. If unable to implement notify the Clinical Nurse or				

Care Planning Coordinator, so that

documentation to support his (sic) can be provided and plan of care changed if necessary."

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES  MEDICAID SERVICES			PRINTED: 07/12/20 FORM APPROVE
STATEMEN	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER		495362	B. WING		R-C 06/30/2016
	ND NURSING AND REI	HABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET	1 00/30/2016
-(X4) ID PREFIX - TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ASHLAND, VA 23005  PROVIDER'S PLAN OF CORREC  (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	VIII TABLE COLUMN CTA
{F 282}	Continued From pa	ige 46 ion was provided prior to exit.	{F 28	32}	,
	compression stocki stockings to improv Compression stock to move blood up you leg swelling and, to This information wa http://www.nlm.nih.g structions/000597.h	Nursing, 6th edition, 2005, and Anne Griffin Perry, Mosby			
	obligated to follow p believe the orders a clients."	hysician's orders unless they re in error or would harm			
(F 309) SS=D	Each resident must provide the necessa or maintain the high mental, and psychos	receive and the facility must ary care and services to attain est practicable physical.	(F 30	9}	
	by: Based on observation document review an was determined that provide care to prom	T is not met as evidenced on, staff interview, facility d clinical record review, it the facility staff failed to note the highest level of 21 residents in the survey			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/12/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN DF CORRECTION PREFIX PREFIX [X5] REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

(F 309) Continued From page 47 sample, Resident #204 and Resident #213.

- 1. The facility staff failed to assess and re-assess Resident #204's pain level on 6/26/16 at 2:30 p.m. and failed to re-assess the resident's pain on 6/27/16 at 1:30 a.m.
- 2. The facility staff failed to apply physician-ordered TED (1) hose for Resident #213 on 6/29/16.

The findings include:

1. Resident #204 was admitted to the facility on 6/7/16 with diagnoses that included but were not limited to: chronic lung disease, congestive heart failure, kidney disease and high blood pressure.

The most recent MDS (minimum data set), an admission assessment, with an ARD (assessment reference date) of 6/14/16 coded the resident as having a 15 out of 15 on the BIMS (brief interview for mental status) indicating the resident was cognitively intact to make daily decisions. In section JO300 through JO600, titled, "Pain Presence" the resident was coded as having pain frequently and that the pain limited day to day activities. The pain was rated a seven on a scale of zero to ten with ten being the worst pain imaginable.

Review of Resident #204's care plan implemented 6/20/16 titled, "Pain/Comfort" documented in part, "Monitor pain characteristics (frequency) Qshift (every shift) and PRN (as needed): ...Severity (1 to 10 scale)..."

Review of the physician's orders dated 7/1/16 documented, "OXYCODONE HCL

(F 309)

7/27/2016

- 1. For resident #204 had a pain assessment completed current medication is effective. Resident #213 is wearing TED hose as ordered by MD.
- 2. Pain assessments will be conducted for residents receiving pain medications to ensure therapy is appropriate and documentation is in place. Observations were conducted and TED hose were being worn for residents with orders.
- 3. Licensed nurses will be inserviced on ensuring pain assessments are completed prior to and after administering pain medications and monitoring the effectiveness of as needed pain , medication.

Random weekly reviews will be conducted for five (5) residents weekly for three (3) months by the DCS/designee for the following: a) ensuring pain assessments are completed including quality descriptors prior to administering as needed pain medications and monitoring the effectiveness of the pain medication b) residents with physician orders for TED hose will be observed weekly x 3 months to ensure compliance with therapy.

FDRM CMS-2567(02-99) Previous Versions Obsolete

Eveni ID: J2WF13

Facility ID: VA0008

If continuation sheet Page 48 of 91

	I SIMI EIVEN	T OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	/VD A			F(	TED: 07/12/2( DRM APPROV NO. 0938-03
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	LTIF DINC	PLE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
	NAME DE	PROVIDER OR SUPPLIER	495362	B. WING		<u>-</u> -		R-C
						STREET ADDRESS, CITY, STATE, ZIP COD		06/30/2016
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	(X4) ID			1		ASHLAND, VA 23005		
-	PREFIX TAG	THACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI; TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCE TO THE AP		(X5) COMPLETIC DATE
	_					DEFICIENCY)	THE TRAIL	UNIE
	{F 309}	Continued From page	ge 48	( <b>C</b> 0.0				
		(hydrochloride) (1)	5MG	{F 30	J9}	•		
		(milligram)TABLET.	TAKE 1 TAR (tablet) TIMESE			4. Results of the reviews w	ill bo	
İ		DAILY AS NEEDED	FOR PAIN"			discussed by the	III De	
		Review of the MAR	(medication administration			administrator/designee at t	the	
		1600(0) for 6/26/16 a	at 2:30 n.m. documentad			Quality Assurance Performa		
		- UXYUUUONE 5ma Pi	) (by mouth) o/o /oo			Improvement meeting mor		
1		or, roomed pain. In	ere was no documentation			three (3) months. The com	_	
1		reassessment. Furth	nt's pain assessment or her review of the MAR for			will recommend provisions		
		0/27/10 at 1:30 a.m.	documented "Ovycodono			plan as indicated to sustain		
		Jung FU C/O toot pair	1, 8/10 (nain rated as an			substantial compliance.		
ļ		eight out of ten)." The assessment of the ef	ere was no follow up			,		
		medication documen	ited.					
		Review of the nurse's	s notes for 6/26/16 and					
1		6/27/16 did not evide	nce documentation					
		regarding the resider	it's complaint of pain.					
	•	On 6/29/16 at 4:35 p.	m. an interview was					
ĺ	,	conducted with LPN (	licensed practical purse)					
	1	#15, regarding the pro	ocess staff follow when medication. LPN #15					
	:	stated, "Ask them a s	core between one to tan					
	(	one being the least ar	nd ten being the most and					
	V	what kind, aching, thr	Obbing, stabbing, how long					
	י ב	cs been young on. Do	cument that you gave the ) and the go back and					
		The car on the resident	. USUAlly in 30 minutes to an					
	Į.	iour. When asked W	NV the resident was					
	r.	e-cnecked, LPN #15	stated. "If it's not working					
	r	eview the MAR from a	e doctor." When asked to 6/26/16 and 6/27/16, LPN					
	##	15 stated, "No, she dicale rating)."	lidn't document it (the pain					
		on 6/29/16 at 4:40 p.n	3. an interview was					
Ĺ,	C	onducted with LPN #	10. When asked to review					

I MINIMINI	OF DEFICIENCIES CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	—— I T I E	PLE CONSTRUCTION	FOR	D: 07/12/ RM APPRC IO. 0938-(
		IOENTIFICATION NUMBER:	A. BUILO	DING	G	(X3) OATE SURVEY COMPLETEO	
NAME OF PROVIOER OR SUPPLIES		495362	B. WING	<del></del>		R-C	
				-!	STREET AOORESS, CITY, STATE, ZIP COOE		6/30/201
ASHLAND	NURSING AND RE	EHABILITATION	3	,	906 THOMPSON STREET		
(X4) IO	SUMMARY ST	ATEMENT OF OEFICIENCIES			ASHLAND, VA 23005		
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{F309} (	Continued From pa	200 40					<del></del> -
•	he MAR from 6/26	aye 49	{F 30	09}	}		
	stated, "I quess we	6/16 and 6/27/16, LPN #10 didn't ask him what his pain					
,	everwas. Wilen S	SKed It that was nort of the					
ŗ	pain assessment, l	PN #10 stated that it was.					
n	nember) #1, the ac	p.m. ASM (administrative staff dministrator, ASM #2, the					
1.	egional difector of	Clinical services and Acadama					
u	ie milecrof of Unligh	IDQ (director of clinical					
S	services], were made aware of the findings.						
R	Review of the facilit	y's policy titled, "Pain					
I¥	ranagement" docu	mented "Procedure:					
U	onsiderations: A p	ain assessment are /aia\ dans					
U.	η ασπιοσίση, αμέπ	erly, and as indicated by the ident. Process, Whenever					
μı	ussibie, opiain all i	DIORMation from the regident					
Ų	se a hain scale Mu	On the resident dono-thee kt.					
U	i në i ham sud SWC	Ount of pain relief A nain cools					
0		Je usen with recidents who					
fo	llowing is recomm	concept. In treating pain, the ended: Reassess and					
u	occurrent the Leside	ent's pain using an					
ap	opropriate pain sca	le every shift after parcetic					
111	enication has staft	ed it the dose has changed					
is	under control."	anged until the resident's pain					
No	o further informatio	n was provided prior to exit.					
Fu	indamentals of Nu	rsing, 6th Edition, Potter and					
r e	iry, 2005, pages 1	239-1287 "Nurses need to					
αþ	hinacii baiu wava	gement systematically to					
as	oci sidilu a cijent's propriate interventi	pain and to provide ionit is necessary to					
1110	MILLO DESID OD S COL	Osistent hasis Assessment			•		
Oi .	common cuaracter	ristics of pain being the					
HUI	rse iorm an unders	standing of the type of pain, of interventions that may					
112	Pattern, and IVDes	Of Interventions that many					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA OMB NO. 0938-03! AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILOING COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL IO PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) -TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5) CROSS-REFERENCEO TO THE APPROPRIATE COMPLETIO TAG DATE OEFICIENCY) {F 309} Continued From page 50 {F 309} bring relief....Onset and duration....Location....Intensity....Quality....Pain Pattern....Relief Measures....Contributing Symptoms....Pain therapy requires an individualized approach....Nurses administer and monitor interventions ordered by physicians for pain relief and independently use pain-relief measures that complement those prescribed by a physician....Effective communication of a client's assessment of pain and his or her response to intervention is facilitated by accurate and thorough documentation. This communication needs to transpire from nurse to nurse, shift to shift, and nurse to other health care providers. It is the professional responsibility of the nurse caring for the client to report what has been effective for managing the client's pain. The client is not responsible for ensuring that this information is accurately transmitted. A variety of tools such as a pain flow sheet or diary will help centralize the information about pain management. 2. Resident #213 was admitted to the facility on 9/1/15 with diagnoses including, but not limited to: dementia with behaviors and high blood pressure. On the most recent MDS (minimum data set), a quarterly assessment with assessment reference date 5/10/16, Resident #213 was coded as being severely cognitively impaired for making daily decisions, having scored three out of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of one staff member for dressing. On the following date and times, Resident #213 was observed sitting in her wheelchair in the dining room, without TED hose (1) applied:

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRDVIDER/SUPPLIER/CLIA OMB NO. 0938-039 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILOING \_ CDMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL <u>P</u>RÉFIX m PROVIDER'S PLAN OF CORRECTION REGULATORY DR LSC IDENTIFYING INFORMATION) **PREFIX** TAG (EACH CORRECTIVE ACTION SHOULD BE [X5] COMPLETION DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (F 309) Continued From page 51 {F 309} 2:45 p.m. A review of the clinical record revealed the following order dated 3/1/16: "TED hose on at every morning off at bedtime for edema (swelling)." A review of the comprehensive care plan for Resident #213 dated 2/15/16 revealed, in part, the following: "Cardiovascular problem: Edema. TED hose as ordered." On 6/29/16 at 2:45 p.m., CNA (certified nursing assistant) #1 was interviewed regarding any items Resident #213 should have been wearing. CNA #1-accompanied the surveyor to observe Resident #213. After observing the resident, CNA #1 stated: "She was already dressed when I got her this morning. I just checked her when I got here." When asked directly if the resident was supposed to wear anything on her legs, CNA #1 stated: "To tell you the truth, I don't know. I just check her to make sure she is not wearing any extra clothing. She likes to put on lots of different clothes on top of each other." When asked if she was aware of what the care plan stated that Resident #213 should be wearing on her legs, CNA #1 stated: "No. I'm sorry. I'm not."

On 6/29/16 at 3:05 p.m., LPN (licensed practical nurse) #10 was asked to accompany this surveyor to observe Resident #213. When asked if the resident was wearing TED hose, LPN #10 stated: "No she is not. But I'm not sure she is supposed to. I'll need to check the order." The surveyor accompanied LPN #10 to check the order on the resident's chart. LPN #10 stated: "My usual procedure is that the TED hose get put

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 07/12/20 FORM APPROV STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA OMB NO. 0938-03 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE [X5] CROSS-REFERENCED TO THE APPROPRIATE COMPLETK TAG DATE DEFICIENCY) (F 309) Continued From page 52 {F 309} on with morning care. They should have been put on this morning by the CNA, or I should have been told if she had refused them or something." When asked how she communicates a resident's care plan needs to CNAs, she stated: "I never work over here. I'm just filling in today. I thought these CNAs knew these residents better than me." On 6/29/16 at 5:15 p.m., ASM #1, the executive director and administrator of record, ASM #2, the regional director of clinical services, ASM #3, the director of nursing (also known as the director of clinical services), and RN (registered nurse) #1, the assistant director of clinical services, were informed of these concerns. A review of the facility policy entitled "Plans of Care" revealed, in part, the following: "Direct care staff should be aware, understand and follow their Resident's plan of Care. If unable to implement any part of the plan, notify the Clinical Nurse or Care Planning Coordinator, so that documentation to support his (sic) can be provided and plan of care changed if necessary." On 6/30/16 at 8:30 a.m., ASM #2 told the surveyor that the facility did not have a policy on TED hose. No further information was provided prior to exit.

(1)"TED (thromboembolic device) hose are compression stockings. You wear compression stockings to improve blood flow in your legs. Compression stockings gently squeeze your legs to move blood up your legs. This helps prevent leg swelling and, to a lesser extent, blood clots."

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{F 323} SS=D	Inc; Page 419: "The directing medical tre obligated to follow p	Nursing, 6th edition, 2005, and Anne Griffin Perry, Mosby, exphysician is responsible for eatment. Nurses are oblysician's orders unless they are in error or would harm  FACCIDENT  VISION/DEVICES	{F 32	23}	7/27/2016	
	environment remain as is possible; and e adequate supervisio prevent accidents.  This REQUIREMENT by:	sure that the resident is as free of accident hazards each resident receives in and assistance devices to an art is not met as evidenced on, resident interview, staff		<ol> <li>Resident #218, #219, #219 care plans with appropriate interventions.</li> <li>Residents currently resident facility have the potent affected. There have been resident to resident alterca since 6/25/16.</li> <li>In-servicing will be provinted.</li> </ol>	e safety  ding in  tial to be  no  tions	
	review and in the cou investigation, it was a staff failed to provide	ument review, clinical record urse of a complaint determined that the facility a safe environment for two s survey sample, Residents		the nursing staff to include supervisors by the MDS Coordinator/designee on up resident's plan of care with appropriate safety interven immediately following any include Daily reviews will be conducted.	odating tions ncidents	

implement interventions to keep Resident #218 safe between 6/25/16 and 6/27/16 after an

altercation between him and Resident #219.

2. The facility staff failed to develop and

care plans during morning meeting

immediately interventions have been put in place and are

for all incidents to ensure

appropriate X (3) months.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVI STATEMENT OF DEFICIENCIES OMB NO. 0938-03 (X1) PROVIOER/SUPPLIER/CLIA ANO PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETEO R-C 495362 B. WING NAME OF PROVIOER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** 10 PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) .... \_TAG PRFFIX IX5] COMPLETIC (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE OEFICIENCY) {F 323} Continued From page 54 {F 323} implement interventions to keep Resident #205 safe following the 6/22/16 altercation with another resident. The findings include: 1. Resident #218 was admitted to the facility on 5/18/15 and most recently readmitted on 9/25/15 with diagnoses including, but not limited to: 4. Results of the reviews will be Schizoaffective disorder (1), bipolar disorder (2), discussed by the and diabetes. On the most recent MDS administrator/designee at the (minimum data set), a quarterly assessment with assessment reference date 4/13/16, Resident Quality Assurance Performance #218 was coded as being severely cognitively Improvement meeting monthly for impaired for making daily decisions, having three (3) months. The committee scored five out of 15 on the BIMS (brief interview will recommend provisions to the for mental status). He was coded with all zeros for indicators of mood difficulties, and as having no behaviors during the look back period. He

On 6/29/16 at 8:05 a.m., Resident #218 was observed in the dining room eating breakfast. He was alert. He spoke rapidly, and his speech was unintelligible to this surveyor. He spoke to the surveyor, to his table mates and to surrounding staff. He alternated outbursts of speech with eating his breakfast.

was coded as being independent for walking in his room and in the corridor on the unit, and as requiring the supervision assistance (oversight, encouragement or cueing) of staff for moving to

and returning from off-unit locations.

On 6/29/16 at 4:05 p.m., Resident #218 was observed sitting in the dining room alone. No other residents were around him.

On 6/30/16 at 8:55 a.m., Resident #218 was

plan as indicated to sustain substantial compliance.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE <u>OMB NO. 0938-039</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4 LID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL [X5] PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 323) Continued From page 55 {F 323} observed walking independently into the dining room, speaking to staff, looking around, and taking a seat at a table to which the staff led him. His speech was intelligible, as he spoke about breakfast.

Resident #219 was admitted to the facility on 10/16/15 with diagnoses including, but not limited to: dementia, major depression, and cognitive communication deficit. On the most recent MDS, an annual assessment with assessment reference date 3/28/16, Resident #219 was coded as being moderately cognitively impaired for making daily decisions, having scored ten out of 15 on the BIMS. He was coded with all zeros for indicators of mood difficulties, and as having no behaviors during the look back period. He was coded as requiring supervision assistance (oversight, encouragement or cueing) of staff for walking in his room and in the corridor on the unit, as well as for moving to and returning from off-unit locations.

On 6/28/16 at 4:10 p.m., Resident #219 was observed lying on top of his bed with his eyes closed.

On 6/29/16 at 3:30 p.m., Resident #219 was observed ambulating independently from the hallway to his room.

A review of the progress notes for Resident #219 revealed the following note written 6/25/16 at 10:00 a.m. by LPN (licensed practical nurse) #9: "Resident in the dining room approached [name of Resident #218 - crossed through with one line] resident and pushed him while [Resident #218] was getting up. [Resident #218] fell. [Resident #219] stated that [Resident #218] was cursing at

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2016 FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039<sup>,</sup> STATEMENT OF OFFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION (X3) OATE SURVEY IOENTIFICATION NUMBER: A. BUILOING COMPLETEO R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX [X5) PREFIX (EACH CORRECTIVE ACTION SHOULO BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION TAG CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE OEFICIENCY) {F 323} Continued From page 56 {F 323} him. Both residents were separated. Will continue to monitor. All am (morning) meds (medications) given." Further review of the progress notes for Resident #219 revealed no evidence of any follow-up to this incident until notes written on 6/27/16 by ASM (administrative staff member) #2, the regional director of clinical services [corporate nurse]) and a floor nurse, (who was not available for interview). A review of the progress notes for Resident #218 revealed the following note (unsigned) written on 6/25/16 at 11:00 a.m.: "Resident alert. Found in the dinning (sic) area buttocks on the floor. He appeared anxious and was talking incessantly. All am meds given prior...no c/o (complaints of) pain. No visible injury noted. Re-directed to his room. Neuro (neurological) checks implemented. Provided comfort and safety measure. Informed resident to use call bell to ask for help. Anti-anxiety pill given and encouraged plenty of fluids. RP (responsible party) not answering, left a message to call back. MD (medical doctor) made aware, no order given, just monitor resident." Further review of the clinical record for Resident #218 revealed the following note dated 6/25/16 at 7:00 p.m. and signed by a floor nurse who was not available for interview: "Resident came to writer and stated that his upper back was hurting.

Asked resident what level on a scale of 1-10 and he stated 12. Called MD and he stated to get X-ray of upper back and start Tylenol extra strength 1 tab po (by mouth) q6h (every six hours) prn (as needed). [Name of mobile X-ray company] notified and will be in facility within the

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION (X3) ÖATE SURVEY IOENTIFICATION NUMBER: A. BUILOING COMPLETED R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION Ю (EACH OFFICIENCY MUST BE PRECEOED BY FULL PREFIX [X5] COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULO BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE DEFICIENCY)

(F 323) Continued From page 57

hour. Neuro (neurological) checks in place and within NL (normal limits)."

A review of the X-ray results for the above ordered upper back X-ray for Resident #218 revealed no evidence of the finding of any abnormalities or fractures.

A review of the comprehensive care plan for Resident #219 initiated 10/29/15 and updated on 4/25/16 revealed no evidence of any interventions related to the 6/25/16 altercation.

A review of the comprehensive care plan for Resident #218 dated 4/6/16 revealed, in part, the following updates made on 6/25/16: "Neuro checks. X-ray of back. Rehab (rehabilitation services) referral." The review revealed no interventions related to the altercation on 6/25/16 and Resident #218's continued safety from physical altercations with Resident #219 and other residents.

A review of facility document entitled "Fall Root Cause Investigation Report" for Resident #218 dated 6/25/16 and signed by LPN #8 the weekend supervisor on duty on 6/25/16 revealed, in part, the following: "Locomotion Status: ambulates (walks) /indept (independent)...Unusual circumstances past 24 hours contributing to fall risks?: increased manic behavior...Identified Behaviors: agitation. Identified patterns of Behaviors (specify): [arrow pointing up] behavior...Resident found sitting on his buttocks in dinning (sic) room.

Resolution/intervention for minimizing future occurrences: med (medication) review, neuro checks, rehab referral."

{F 323}

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE! STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IOENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE (X51 -TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

## {F 323} Continued From page 58

A review of a document entitled "Witness Statement" dated 6/25/16 and signed by LPN #9 revealed, in part, the following: "10:30 a.m. Interviewed [Resident #218] in his room regarding the incident in the dining room. He stated that he was getting up in the chair when another resident from another table approached him and pushed his shoulders resulting him to fall (sic). He stated also that the resident [name of Resident #219] was angry and insecure. He landed buttocks first. He wasn't doing anything to provoke him at that time,"

On 6/29/16 at 10:55 a.m., LPN #12 was interviewed regarding anything she saw or heard on the morning of 6/25/16. She stated: "I didn't see anything. Theard [Resident #218] had a fall and the girl did a fall report, or at least she was supposed to." LPN #12 stated she was in charge of caring for Resident #218 on 6/26/16. She stated she was not aware of the incident described in the above referenced witness statement. When asked if she was aware of any safety interventions to prevent further altercations between these two residents, she stated: "No."

On 6/29/16 at 11:05 a.m., CNA (certified nursing assistant) #2 was interviewed about the events on the morning of 6/25/16. She stated: "I was not in there (the dining room)." She stated she heard that Residents #219 and #218 "got into an altercation and [Resident #219] pushed [Resident #218]." She stated she was told to get vital signs on Resident #218. She stated she thought the incident occurred during a meal time. When asked if both residents independently ambulate within the facility, CNA #2 stated: "Yes. They were supposed to be separated after that, but I know they can both walk on their own." When

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-03! (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IOENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING\_ COMPLETEO 495362 R-C B. WING NAME OF PROVIOER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH OFFICIENCY MUST BE PRECEOED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION! **PREFIX** \_TAG (EACH CORRECTIVE ACTION SHOULO BE (X5) COMPLETIO TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE OEFICIENCY) {F 323} Continued From page 59 {F 323} asked, since she was assigned to both residents during the current shift, if she was aware of any safety interventions put into place to prevent further altercations, CNA #2 stated: "No. Not right now."

On 6/29/16 at 11:05 a.m., CNA #5 was interviewed about the events of 6/25/16. She stated she did not see or hear anything directly. She stated that ASM (administrative staff member) #3, the director of clinical services [director of nursing], came into the building "sometime" that day (6/25/16).

On 6/29/16 at 11:10 p.m., LPN #11 was asked about the events of 6/25/16. She stated she worked-that morning, but did not hear anything "except that [Resident #218] had a fall."

On 6/29/16 at 1:00 p.m., LPN #8, the weekend supervisor working on 6/25/16, was interviewed by telephone. She stated: "The only thing I know is that [Resident #218] had a fall in the dining room Saturday morning." When asked how she became aware of the fall, LPN #8 stated one of the CNAs approached her and told her that Resident #218 was sitting on the floor in the dining room. She stated as she walked down the hallway towards the dining room, she passed Resident #219 exiting the dining room. LPN #8 stated she investigated the fall after breakfast. but there were no witnesses. She stated she completed a facility fall packet. LPN #8 stated later in the evening, Resident #218 complained of pain, and that an X-ray was ordered and obtained, but that the X-ray was negative for any fracture or other pathology. When asked why she was the nurse to complete the fall investigation, LPN #8 stated that the nurse for Resident #218

#### PRINTED: 07/12/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039<sup>4</sup> STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY AND PLAN OF CORRECTION IOENTIFICATION NUMBER: A. BUILOING COMPLETEO R-C 495362 B. WING 06/30/2016 NAME OF PROVIOER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) 1O 10 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH OEFICIENCY MUST BE PRECEOED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG: TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY

## {F 323} Continued From page 60

on that shift was not an employee of the facility, but was a temporary nurse from a nurse staffing agency. LPN #8 stated this nurse (LPN #9) was "still on a med (medication) cart when this happened." LPN #8 stated she assessed the resident for all the normal checks after a fall, including range of motion and neurological issues. LPN #8 stated she instructed LPN #9 to go in and check on Resident #218 once she finished her medication administration. LPN #8 stated: "I got [LPN #9]'s witness statement. 1 was never able to figure out why he fell." When the surveyor read LPN #9's witness statement to her, and asked why this incident, as reported by Resident #218, was not investigated as anything other than an unwitnessed fall, LPN #8 did not respond. When asked if she had read LPN #9's witness statement, LPN #8 stated: "The agency nurse went in and talked to [Resident #218]. He said he was pushed. But he was really manic. No one could substantiate what happened." When asked if anyone interviewed Resident #219 on 6/25/16, LPN #8 stated she tried to talk to him. "but he speaks only Spanish. That is a problem. He speaks only in Spanish. He just kept saving 'I don't love him." When asked what the facility staff members have been trained to do in response to the report of a resident to resident incident, LPN #8 stated the staff is supposed to separate the residents, ensure their safety, make sure they are not in the same room and report it to the DCS (director of clinical services). She stated she talked with both ASM #2 and ASM #3 within 15 minutes of the incident. LPN #8 stated: "ASM #2 told me to do an investigation." She continued: "They (Residents #218 and #219) self-separated. [Resident #219] stayed in his room the rest of the day." When asked how she knew this, she stated that she and the other staff

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039-STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING \_ COMPLETED R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (F 323) Continued From page 61 {F 323}

"checked on him." LPN #8 went on to say that she worked double shifts (16 hour shifts) on both 6/25/16 and 6/26/16. When informed that other CNAs and nurses who worked that day and on 6/26/16 did not know anything about a need for Resident #219 to stay in his room due to safety concerns, LPN #8 did not respond. When asked if she updated the care plan for either resident. LPN #8 stated: "No. I did not. The floor nurse should do the update." LPN #8 stated that the night shift supervisor working from 6/25/16 to 6/26/16 was made aware of the incident. (This nurse was not available for interview during the survey),

On 6/29/16 at 1:50 p.m., LPN #4 was interviewed about the process to be followed after a resident to resident incident. She stated that both residents should be assessed and interviewed. She stated that all documentation should be up to date, and that the physician, social worker. supervisor and family should be notified immediately. She stated that the unit managers are responsible for updating care plans on weekdays, and that the weekend supervisors are responsible for updating care plans on the weekend. LPN #4 stated that the incident described in the 6/25/16 notes for Resident #218 and #219 should have been investigated and the care plan revised for both residents. LPN #4 stated that supervision should have been increased for both residents, especially since they are both independently ambulatory.

On 6/29/16 at 1:55 p.m., ASM #3, the director of clinical services, was interviewed about the events of 6/25/16. ASM #3 stated she was called "when it happened." She stated she came to the facility. ASM #3 stated: "You can't interview

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 IX1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETED R-C 495362 B. WING NAME OF PROVIOER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES [X4] [O n PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULO BE [X5] REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE OEFICIENCY) (F 323) Continued From page 62 {F 323}

[Resident #219] because he is Hispanic. There were no injuries. I got witness statements from the staff." When asked from which staff she obtained witness statements, ASM #3 stated: "[LPN #9]." When asked if she obtained any other staff statements, ASM #3 said she did not. She stated: "I did an investigation and wrote it up." At this time, AM #3 provided the surveyor with a typed document dated 6/27/16 and titled "Investigation Synopsis." This document contained neither her name, nor her signature, nor any type of verifiable date stamp. Review of this document revealed, in part, the following: "Re: (regarding) possible resident to resident [Resident #218] and [Resident #219]. Methods of Investigation: Resident-interview, Staff-interview. Summary of findings:...On June 25, 2016 while in dining room when [Resident #218] came into [Resident #219]'s personal space causing [Resident #219] to become angry and pushing [Resident #218] to the floor. Both residents were separated immediately and assessed for injury. An interview was conducted by staff with [Resident #218] whom (sic) at the time was noted to be rambling with his words and noted to be in a heightened state or mania, however was able to state to staff that "The Hispanic man pushed me" during the interview. Resident was assessed no injuries were noted. [Resident #218] complained of back pain and was medicated with prn Tylenol. A physician's order for an x-ray of the cervical area of the back was obtained and the results were negative. [Resident #219] was interviewed by staff but was unable to give details of the incident but did state, "I told him I don't love him and I pushed him down." Both responsible parties and MD (medical doctor) were notified. In conclusion: After investigating the incident that

occurred, a psychiatric consult was ordered for

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE! STATEMENT OF OFFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IOENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILOING \_ COMPLETEO R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF OFFICIENCIES ID (EACH OEFICIENCY MUST BE PRECEOED BY FULL PROVIDER'S PLAN OF CORRECTION PRFFIX IX51 PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCEO TO THE APPROPRIATE OATE OEFICIENCY) (F 323) Continued From page 63 {F 323} both residents because of each resident's altered mental status. Labs (laboratory tests) were also ordered for [Resident #218]. Care plans were also updated to reflect interventions and behaviors." When ASM #3 was asked, again, if the care plans were updated as stated in this document, she stated: "No." ASM #3 stated she told the nurses to place both residents on the list to be seen by the psychologist. When asked what interventions were put in place immediately to keep the residents safe from each other, ASM #3 did not answer. When asked what should have been done, ASM #3 stated: "They should have immediately been separated. They should be updating the care plans and giving reports to the CNAs so they can monitor them. We need to increase supervision in the dining room. Someone needs to walk them back and forth from the dining room to the units." On 6/29/16 at 2:00 p.m., LPN #9 was interviewed by phone. She stated: "The supervisor told me I had to go and interview [Resident #218] after it happened." She stated Resident #218 had been "manic" all morning, as demonstrated by talking quickly and nonsensically. She stated Resident #218 told her that when he was standing up in the dining room, Resident #219 approached him and hit him "vehemently and suddenly." When asked for clarification of the adverbs "vehemently and suddenly," she stated these are her interpretations of what Resident #218 told her. She stated that Resident #218 was adamant that Resident #219's actions were quick and violent. She stated that she also attempted to speak with Resident #219. She stated he told her that Resident #218 was cursing at him, acting as though Resident #218 was going to punch him.

She stated she reported the results of both these

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) IX5I PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {F 323} Continued From page 64 {F 323} interviews to the supervisor (LPN #8), and that LPN #8 told her to write down her interview with Resident #218 on a fall report witness statement. She stated she was not asked to write down the results of her interview with Resident #219. When asked if, as an agency nurse, she had received any specific training on this facility's procedures to be followed in the case of a report of a resident to resident altercation. She stated she had not received any such education or in-service. She stated her first reaction would be to separate the residents. She stated she had instructed the CNAs working that shift to watch both residents and to "keep an eye on them." When told that none of the CNAs working that day remembered being told to do any sort of special monitoring, she did not respond. When asked if she updated the care plan for either resident, she stated, "No." On 6/29/16 at 2:15 p.m., LPN #3, who was responsible for both Residents #218 and #219 that day, was interviewed. She stated she was not aware of any interventions put in place to keep these residents apart. She stated, "They both walk the halls all the time." On 6/29/16 at 3:25 p.m., an attempt was made to interview Resident #219. LPN #3 accompanied this surveyor to Resident #219's room. Using limited Spanish, the surveyor was able to obtain consent from the resident to interview him about the events of 6/25/16. Using a smartphone application provided by LPN #3, the surveyor asked Resident #219 what happened on 6/25/16. Resident #219 stated repeatedly that Resident

#218 called him "trash" and made him feel like "trash." When asked if he pushed Resident #218 to the ground, he shook his head negatively.

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	When asked if he would ever push Resident #218 down in the future, he stated: "I do not love him. He said I am trash."			,		
	director of clinical's regarding these ever facility on that Satur weekend. I spoke thad an incident." Sesident #218 has gets in other resider sometimes. She stated LPN #8 had told [LPN #8] the pushed him. She stated LPN #8 investigate. And Infollow up on Sunday after the morning matched up." When the stories not matched up." When the stories not matched up. The s	ated LPN #8 told her that being treated for dementia. told her that [Resident #218] hat [Resident #219] had tated: "I told her to ever got a call back. I did not v. I did follow up on Monday eeting. None of the stories in asked if the allegations and hing up were not reasons for be implemented immediately inuing through the weekend me, ASM #2 did not respond ew seconds, she stated: "We nuch. We have come a long ke. We have not had agency that day (6/25/16). This staff				

On 6/29/16 at 5:15 p.m., ASM #1, the executive director and administrator of record, ASM #2, ASM #3 and RN (registered nurse) #1, the assistant director of clinical services, were informed of these concerns. Policies regarding safety interventions and resident to resident altercations were requested. These staff members were also invited to provide the survey

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING COMPLETEO R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADORESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF OEFICIENCIES PREFIX (EACH OEFICIENCY MUST BE PRECEOED BY FULL Ol PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULO BE (X5) COMPLETION TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE OEFICIENCY) (F 323) Continued From page 66 (F 323) team with any other evidence of investigation or implementation of safety measures for both residents. A review of the policy entitled "Resident Abuse" revealed, in part, the following: "No employee may at any time commit an act of physical, psychological or emotional abuse, neglect, mistreatment, and/or misappropriation of property against any resident...Physical abuse...striking the resident with a part of the body or with an object; nontherapeutic shoving, pushing pulling, or twisting any part of the resident's body...Physical contact intentionally or through carelessness that results in or is likely to result in death, physical injury, pain or psychological harm to the resident...acts of abuse directed against residents are absolutely prohibited. Such acts are cause for disciplinary action, including dismissal and possible criminal prosecution." On 6/30/16 at 8:30 a.m., ASM #3 and RN #1 were asked if this policy referred to resident to resident altercations and to resident safety after an altercation. ASM #3 stated, "You have everything we have." A review of the policy entitled "Behavior Monitoring" failed to reveal information related to resident to resident altercations and the provision of a safe environment after such events. No further information was provided prior to exit. (1) "Schizoaffective disorder is a mental condition that causes both a loss of contact with reality and mood problems (depression or mania)." This

000930.htm.

information is taken from the website

https://www.nlm.nih.gov/medlineplus/ency/article/

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causes unusual silevels, and the ab tasks." This inform https://www.nimh.order/index.shtml.  Complaint Deficience.  2. The facility staff implement interves afe following the resident.  Resident #205 was 9/22/09 with diagnalimited to: legally bosteoarthritis, high the most recent for t	er, also known as illness, is a brain disorder that nifts in mood, energy, activity illty to carry out day-to-day nation is taken from the website nih.gov/health/topics/bipolar-disorder  failed to develop and nitions to keep Resident #205 6/22/16 altercation with another admitted to the facility on oses that included but were not lind, anxiety, depression, blood pressure and arthritis.  IDS (minimum data set), a ent, with an ARD (assessment 5/27/16 coded the resident as	{F 32	3}			
for mental status) cognitively intact to resident was code activities of daily like as not having behades and the sident #221 was 7/24/13 and readment #221 was 1/24/13	15 on the BIMS (brief interview indicating the resident was make daily decisions. The das needing supervision for ring. The resident was coded aviors directed towards others.  Is admitted to the facility on littled on 5/7/15 with diagnoses ere not limited to: liver failure,					

The most recent MDS, a quarterly assessment, with an ARD of 5/3/16 coded the resident as

having a two of 15 on the BIMS indicating the

JUL 15 2016

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID O

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## (F 323) Continued From page 68

(F 323)

resident was severely impaired cognitively to make daily decisions. The resident was coded as having behaviors but not directed towards others.

Review of Resident #205's nurse's note dated 6/22/16 at 11:15 a.m. documented, "Resident noted being involved with another resident in an (sic) physical altercation, this resident states he was rolling to the dining room for lunch when another resident was coming from out of dining room, their wheelchairs collided then the other resident hit this resident in the arms residents were immediately removed from each other the resident that was hitting was taken back to room, residents bilateral arms assessed (no) bruising noted @ this time (no) c/o (complaints of pain) (no) s+s (signs and symptoms) discomfort noted while talking (with) resident resident also states the other resident did not hit him hard he is fine was just startled RP (responsible party) + MD (medical doctor) aware."

Review of the resident's care plan dated 6/22/16 documented, "PROBLEM 6/22/2016. propels w/c (wheelchair) (without) assistance risk to run into others. GOAL 6/22/2016 Resident will not roll into others while in w/c." Further review of the care plan did not evidence documentation of an approach or intervention to keep the resident safe from others.

On 6/29/16 at 8:50 a.m. an interview was conducted with RN (registered nurse) #2, the unit manager. When asked about the 6/22/16 altercation, RN #2 stated, "I didn't see it, but the other resident came out of the dining room and bumped into him (Resident #205)." When asked how this information was documented or shared with staff, RN #2 stated, "I know we gave a verbal

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{F 323}	Continued From pa	ne <b>6</b> 9	·			_	<del></del>		
		ed what the intervention was	{F 32	{F 323}					
	for the 6/22/16 alter	rcation, RN #2 stated, "I see w to keep him safe."							
	On 6/29/16 at 4:05 p.m. an interview was conducted with ASM (administrative staff member) #3, the director of clinical services. When asked the process staff followed in documenting a resident to resident altercation, ASM #3 stated, "We should be updating the care plan, put it on the 24 hour report. Nurses should be giving report to the CNAs (certified nursing assistants) so they know what to monitor." When asked to review Resident #205's care plan for interventions to keep Resident #205 safe from others, ASM #3 stated, "There's no documentation. I don't see anything."								
	clinical services and	#2, the regional director of ASM #3, the director of ASM #3, the director of aware of the findings.							
	Abuse" documented in the nature and dig company that he/she rights, including the neglectPreventio who may be at risk is facility staff, this including	y's policy titled "Resident I in part, "Policy: It is inherent gnity of each resident at The e be afforded basic human right to be free from abuse, n. Monitoring of residents s the responsibility of all uded monitoring resident (sic) Inerable for abuse for es in behavior"							
{F 328} \$\$=D	No further informatic 483.25(k) TREATME NEEDS	on was provided prior to exit. ENT/CARE FOR SPECIAL	{F 32	8)					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/20 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETEO 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET AOORESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEOED BY FULL 10 PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) IX5| COMPLETIOI PREFIX TAG (EACH CORRECTIVE ACTION SHOULO BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OEFICIENCY) {F 328} Continued From page 70 {F 328} The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care: Foot care: and Prostheses. This REQUIREMENT is not met as evidenced Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to administer oxygen per physician's order for two of 21 residents in the survey sample, Residents # 203 and # 206. 1. The facility staff failed to administer oxygen at the physician's prescribed flow rate of two liters per minute for Resident # 203. RECEIVED 2. For Resident #206 facility staff failed to JUL 15 2016 administer the oxygen at 80% humidity and 2.5 liters/minute as ordered by the physician. VDH/OLG

The findings include:

1. Resident # 203 was admitted to the facility on 10/26/12 and most recently readmitted on 2/23/13 with diagnoses that included but were not limited to: chronic obstructive pulmonary disease, convulsions, depression, peripheral vascular disease, coronary artery disease, hypertension,

1. Residents #203 and #206 are receiving oxygen as per MD order.

7/27/2016

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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{F 328} Continued From page 71

hyperlipidemia, atrial fibrillation, abdominal aortic aneurysm, glaucoma, diabetes, and kidney disease.

Resident # 203's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 4/3/16, coded Resident # 203 as usually understood by others and usually understanding others. Resident # 203 was coded as scoring 10 of a possible 15 on the Brief Interview for Mental Status in Section C. Cognitive Patterns, indicating the resident was moderately cognitively impaired. Section O documented the resident received oxygen therapy during the last 14 days.

Review of Resident # 203's clinical record revealed physician orders with a start date of 4/15/13 that were most recently signed by the physician on 6/10/16. The physician order documented: "O2 @ 2L (oxygen at 2 liters per minute) VIA NASAL CANNULA CONTINUOUS HUMIDIFIED FOR SHORTNESS OF BREATH."

Resident # 203's comprehensive care plan initiated on 4/1/14 and revised 9/15/14 documented, under "PROBLEM" "Focus Category: Cardiovascular" Under "APPROACHES & INTERVENTIONS...Administer oxygen as ordered." "IMP (implementation) DATE 4/13/16." Another care plan initiated 4/1/14 and revised 9/15/14 documented: under "PROBLEM" "Focus Category: Respiratory" Under "APPROACHES & INTERVENTIONS...Oxygen as ordered (specify route, device, and liter flow) O2 (oxygen) via N/C (nasal cannula) @ 2LPM (liters per minute)." "IMP (implementation) DATE 4/13/16."

{F 328}

TAG

2. Residents with orders for oxygen have the potential to be affected. Resident records were reviewed to ensure orders are being followed and settings are accurate.

CROSS-REFERENCED TO THE APPROPRIATE

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- 3. In-servicing has been provided to nursing staff by the DCS/designee on administering oxygen as ordered to include humidification settings. Random weekly review will be conducted by the DCS/designee for five (5) residents per week for three (3) months to ensure oxygen and humidification settings are as per MD orders.
- 4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly for three (3) months. The committee will recommend provisions to the plan as indicated to sustain substantial compliance.

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	Resident # 203 was	s observed on 6/28/16 at	{F 32	28}			
	approximately 11:4:	5 a.m. and again on 6/28/16 at					
	3:55 p.m. During e	ach of these observations					
	cannula and the ox	s receiving oxygen via a nasal ygen concentrator was set at 1					
	and 3/4 liters per m	inute as evidenced by the					
	Dottom of the ball in	the concentrator flow meter					
	touching the 2 liter	iter mark and the top just					
	203's oxygen on 6/2 {licensed practical riche oxygen flow met resting on the 1.5 lit she would have to clenk #-2 returned structured  and observation of Resident # 28/16 at 4:20 p.m. with LPN nurse) # 2, LPN # 2 confirmed ter had the bottom of the ball er mark. LPN # 2 stated that theck the physician's order. ating that the order was for						
	ASM (administrative administrator and Ast the finding of the inc	on 6/28/16 at 4:35 p.m. with e staff member) # 1, the SM # 2, the corporate nurse, correctly set oxygen was he a request was made for the					
	Under "PROCEDUR	policy "Oxygen Therapy" E: 1. Review physician's owrate at the prescribed liter		-			
	revealed the followin properly read the flow flowrate line on the fl	facturer's User Manual g: Page 19. "NOTE: To wmeter, locate the prescribed lowmeter. Next, turn the flow es to the line. Now, center line prescribed."					

No further information was presented prior to exit.

#### PRINTED: 07/12/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE

(F 328) Continued From page 73

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{F 328}

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According to Fundamentals of Nursing, Perry and Potter, 6th edition, page 1122, "Oxygen should be treated as a drug. It has dangerous side effects. such as atelectasis or oxygen toxicity. As with any drug, the dosage or concentration of oxygen should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."

REGULATORY OR LSC IDENTIFYING INFORMATION)

2. Resident # 206 was admitted to the facility on 7/29/15 and most recently readmitted on 5/16/16 with diagnoses that included but were not limited to: chronic respiratory failure, convulsions, quadriplegia, Down Syndrome, dementia. gastro-esophageal reflux disease, neurogenic bladder, and hypertension.

Resident # 206's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/23/16, coded Resident # 206 as never/rarely understood by others and never/rarely understanding others. Resident # 206 was coded as severely impaired for Cognitive Skills for Daily Decision Making in Section C, Cognitive Patterns.

Review of Resident # 206's clinical record revealed a telephone order dated and signed on 6/3/16 by the physician that documented: "O2 @ 2.5 ml/min. Via Trach to equal 30% oxygen, 20 PSI, 80 % humidifier Q shift." This order again appeared on the Physician Order Sheet and was signed by the physician on 6/6/16. NOTE: O2 =

COMPLÉTION

DATE

CROSS-REFERENCED TO THE APPROPRIATE

OEFICIENCY)

STATEMEN	TOF DEFICIENCIES DF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	OMB NO (X3) DA	M APPROVE D. 0938-039 TE SURVEY
···		495362	B. WING	NG		MPLETEO R-C
	PROVIDER OR SUPPLIER  ID NURSING AND RE			STREET ADDRESS, CITY, STATE, ZIP CDDE 906 THOMPSON STREET ASHLAND, VA 23005	00	5/30/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT	IIIDBE	(X5) COMPLETIC DATE
{F 328}	rach = tracheostom windpipe to support square inch (pressu delivered); Q = ever Resident # 206's co initiated on 4/1/14 at documented, under Category: Cardiovas "APPROACHES & INTERVENTIONS ordered."	= milliliters; min = minute; by (tube in an opening in breathing); PSI = pounds per re at which oxygen is y.  mprehensive care plan and revised 9/15/14 "PROBLEM" "Focus scular" dated 8/11/15. Under:  Administer oxygen as	{F 32	18}		
	centered on 3L line) 6/28/16 at 3:50 p 3 L/min. (ball centered of 6/29/16 at 8:00 at 2 ¼ L/min (bottom of top of ball at the 2.5 line) 6/29/16 at 9:29 at 2 ¾ L/min. (bottom of top of ball on the 3 Line) 6/29/16 at 10:10 to 2.5 L/min and Hum (instead of the ordered of the ordered by LPN (lice) 6/29/16 at 12:58 p. 6/29/16 at 12:58 p. 6/29/16 at 12:58 p. 6/29/16 at 12:58 p.	a.m. O2 flowmeter was set to ball sitting on 2L line with L line) a.m. O2 flow meter was set to f ball sitting on 2.5 L line with line) a.m. O2 flow meter was set nidity was set to 28% ad 80 %) p.m. O2 flowmeter was set nidity was set to 28% ad 80 %) p.m. O2 flowmeter was set nidity was set to 28% ad 80 %) [This was also ensed practical nurse) # 3				

DEPART CENTE	TMENT OF HEALTH	AND HUMAN SERVICES  & MEDICAID SERVICES					FOR	ED: 07/12/20 MAPPROV
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPL	E CC	ONSTRUCTION	(X3) D	O. 0938-03 ATE SURVEY OMPLETED
		495362	B. WING					R-C
NAME OF	PROVIDER OR SUPPLIER		<del>'</del>	S.	TRE	ET ADDRESS, CITY, STATE, ZIP CODE	0	6/30/2016
ASHLAN	ID NURSING AND RE			9(	06 T	HOMPSON STREET LAND, VA 23005		
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{F 328}	Continued From pa of the ordered 80 % LPN # 4, the unit m p.m.]	ge 75 6) [This was also observed by anager on 6/ <b>2</b> 9/16 at 1:05	{F 3:	28}				
	revealed the following properly read the flow flow flow flow the ball rithe ball on the L/mi.  During an interview LPN # 3 Resident # observed. The O2 ordered and the huthe ordered amount.	ufacturer's User Manual ng: Page 19. "NOTE: To owmeter, locate the prescribed flowmeter. Next, turn the flow ses to the line. Now, center in line prescribed."  on 6/29/16 at 12:58 p.m. with 206's oxygen equipment was flow meter read 2.5 L/min (as imidity read 28 % (80% being b). LPN # 3 agreed with the o check the physician order.						
	LPN # 4, LPN # 4 c adjusted the humidi asked what the read	on 6/29/16 at 1:05 p.m. with ame into the room and ty setting to 80%. When ding was before she (LPN # 4) she stated that it was set to						
	LPN #3, LPN #3 st	on 6/29/16 at 1:07 p.m. with tated that she had not settings on Resident # 206's						
	observations were s (administrative staff	member) # 2, the corporate to the transfer of the transfer and the transfer of	·			_		

During an interview on 6/29/16 at 2:50 p.m. with

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTED FORM	: 07/12/201 1APPROVE
STATEMEN	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE	CONSTRUCTION	OMB NC (X3) DA	. 0938-039 TE SURVEY
NAME OF	PRDVIDER OR SUPPLIER	495362	B. WING			F	₹-C
	ID NURSING AND RE	HABILITATION		906	EET ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET HLAND, VA 23005	1 06	/30/2016
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{F 328}	LPN # 4, LPN # 4 s Resident's brother I At this time a reque documentation to conurse's notes, care Prior to exit no docuthis time LPN # 4 w would read the oxyg stated that one wou that the ball should prescribed flow rate  During an interview Resident # 206's bro "Have you ever touc # 206) oxygen equip answered, "No, I-do  During an interview LPN # 3, LPN # 3 st to be on 80 %, I saw out to read the chart came in and she fixe to be set on 28 %. I frequently since ther correct each time."  Review of the facility Under "PROCEDUR order	uggested that perhaps the had adjusted the O2 settings. It was made for any perroborate that assertion; plan, education of family. It is umentation was provided. At as asked explain how one gen flow meter. LPN # 4 ld get down to eye level and be centered on the line of the one of 6/29/16 at 3:50 p.m. with other, the brother was asked, the dyour brother's (Resident of the one of 6/29/16 at 4:00 p.m. with ated, "I knew it was supposed of that it was on 28 % I went and the (name of LPN # 4) and the (name of LPN # 4) and the (name of LPN # 4) and it. I do not know how it got have been going in more in to check and it has been a policy "Oxygen Therapy" E: 1. Review physician's indiffer or nebulizer to d. 8. Attach administration or humidifier/nebulizer outlet. The educational information entitled "High Humidity"	{F 32	28}			

DEPART	TMENT OF HEALTH	AND HUMAN SERVICES			PRINTED: 07 FORM AP	7/12/20
		& MEDICAID SERVICES	<del></del>		OMB NO. 09	38-039
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F 329	provided to nurses, was a one page dia hand corner was ar the humidification. Jet Nebulizer Dial at No further information of the potter, 6th edition, treated as a drug, such as atelectasis any drug, the dosag should be continuous should routinely cheverify that the client oxygen concentration medication administration."  483.25(I) DRUG REUNNECESSARY DEach resident's drug unnecessary drugs.	the educational information. The educational information agram and in the bottom right in inset showing how to adjust "Match pointer with notch on at 80%."  If you was presented prior to exit. It is amentals of Nursing, Perry and page 1122, "Oxygen should be let has dangerous side effects, or oxygen toxicity. As with ge or concentration of oxygen usly monitored. The nurse each the physician's orders to its receiving the prescribed on. The six rights of tration also pertain to oxygen editions the present the physician's of tration also pertain to oxygen editions.	{F3			
	duplicate therapy); without adequate mindications for its us adverse consequent should be reduced a combinations of the Based on a compre resident, the facility who have not used given these drugs u	or for excessive duration; or conitoring; or without adequate se; or in the presence of ces which indicate the dose or discontinued; or any				

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES  MEDICAID SERVICES			PRINTED: 07/12/20 FORM APPROVE
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record; and resider drugs receive grad behavioral interven	age 78 documented in the clinical nts who use antipsychotic ual dose reductions, and tions, unless clinically an effort to discontinue these	F 3	529	

This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, it was determined that facility staff failed to ensure the drug regimen for two-of-21-residents-in the survey sample; (Resident #212 and Resident #214) was free from unnecessary medications.

- 1. Facility staff failed to identify, monitor and document behaviors indicating the need for Resident #212's Risperidone (an atypical antipsychotic medication (1)).
- 2. Facility staff failed to identify, monitor and document behaviors indicating the need for Resident #214's Risperidone.

The findings include:

drugs.

1. Resident #212 was admitted to the facility on 4/26/16 with diagnoses that included but were not limited to: dementia, anxiety, psychosis and bipolar disease (2).

The most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/24/16 coded the resident as

7/27/2016

- 1. Resident #212 and #214 have behavior monitoring sheets with targeted behaviors.
- 2. Residents in the facility have the potential to be affected. Resident receiving psychoactive medications were reviewed to ensure that behavior monitoring forms were

present.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2016 FORM APPROVED OMB NO: 0938-0391

				700 NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILOING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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### F 329 Continued From page 79

having a four out of 15 on the BIMS (brief interview for mental status) indicating the resident was severely impaired cognitively to make daily decisions. In section E titled, Behavior, the resident was coded as wandering for one to three days in the look back period. The resident was coded as requiring supervision to assistance of one staff member for activities of daily living.

Review of Resident #212's care plan implemented on 5/9/16 documented, "Focus: Antipsychotic medication. APPROACHES & INTERVENTIONS. Monitor behavioral symptoms...."

Review of the physician's orders dated, 6/30/16 documented, "RISPERIDONE F/C 0.5MG (milligrams) TABLET. TAKE 1 TAB (tablet) BY MOUTH EVERY MORNING. RISPERIDONE F/C/ 0.5MG TAKE 2 TABLETS (1mg) BY MOUTH AT BEDTIME FOR PSYCHOSIS."

Review of the June 2016 MAR (medication administration record) documented, "RISPERIDONE F/C 0.5MG TABLET TAKE 1 TAB BY MOUTH EVERY MORNING. RISPERIDONE F/C/ 0.5MG TABLET TAKE 2 TABLETS (1MG) BY MOUTH AT BEDTIME FOR PSYCHOSIS." It was documented that the medication had been administered as ordered each day during June 2016.

Review of Resident #212's behavior monitoring flow record did not evidence documentation of identified targeted behaviors for receiving the Risperidone, and there was no documentation for monitoring of behaviors.

Review of the nurse's notes from 6/22/16 to

F 329

- 3. Nursing staff will be in-serviced on the behavioral policy as it relates to monitoring behaviors and documentation of targeted behaviors. DCS/designee will audit 5 residents receiving antipsychotic medications weekly X 3 months to ensure that targeted behaviors are being monitored and documented on the behavior flow sheet.
  - 4. Results of the reviews will be discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting monthly for three (3) months. The committee will recommend provisions to the plan as indicated to sustain substantial compliance.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE OMB <u>NO. 0938-039</u> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 329 Continued From page 80 F 329 6/30/16 did not evidence documentation related to behaviors that would indicate the resident did or did not require the Risperidone.

On 6/29/16 at 10:52 a.m. an interview was conducted with LPN (licensed practical nurse) #4. regarding what staff monitor for when a resident was on antipsychotic medications. LPN #4 stated, "See if they have allergic reaction to it, monitor for falls, change in mental status, and see if it's taking effect." When asked how staff would know if the medication was effective, LPN #4 stated that the behaviors the resident exhibited that led them to be on the antipsychotic medication would have lessened. When asked where this would be documented, LPN #4 stated, "If I observe he has that type of behavior, yes." When asked how staff knew what targeted behaviors were to be monitored in relation to the Risperidone for Resident #212, LPN #4 stated, "It would be on the chart." LPN #4 was asked to check the Risperidone order for Resident #212. LPN #4 stated, "It says psychosis." When asked if psychosis was a behavior, LPN #4 stated, "No."

On 6/29/16 at 11:10 a.m. an interview was conducted with LPN #1, a unit manager, regarding the process staff followed when a resident was on an antipsychotic medication. LPN #1 stated, "Basically we get an order from the psychiatrist's documentation, we see a diagnosis. We monitor behaviors." When asked where these behaviors were documented, LPN #1 stated, "We place it on the (24) hour report for a week." When asked if residents on antipsychotics had targeted behaviors for monitoring, LPN #1 stated, "Some do. It could be a starting point but they could exhibit other behaviors than that and we would monitor for it.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2019 FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB <u>NO. 0938-039</u> STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET AODRESS, CITY, STATE, ZIP CDDE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF OFFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION ΙD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE -- TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OEFICIENCY)

F 329

F 329 Continued From page 81 We would care plan it."

On 6/29/16 at 3:35 p.m. an interview was conducted with LPN #10, regarding what staff monitored when a resident was on antipsychotic medications. LPN #10 stated, "We document their behaviors." When asked where this would be documented, LPN #10 stated that it would be in the nurse's notes, on the behavior sheets and on the 24 hour report. When asked how staff would know the targeted behaviors the resident was being monitored for, LPN #10 stated, "It would be documented in the chart."

On 6/30/16 at 8:10 a.m. an interview was conducted with ASM (administrative staff member) #2, the regional director of clinical services. When asked where staff documented targeted behaviors for residents on antipsychotic medication, ASM #2 stated, "Our policy is when a behavior occurs we write (about) that behavior for 24 hours. We document it, notify the doctor and monitor it for 24 hours." When asked how staff knew the targeted behaviors they were to monitor, ASM #2 stated, "The behavior sheets shouldn't be put on the chart unless they are having behaviors. We probably should document. everyday, we used to, but we don't anymore since the policy changed." ASM #2 was made aware of the findings at that time.

Review of the facility's policy titled "Psychoactive Medications" documented in part, "Policy:....and the right to be free of unnecessary medications. Procedure: 3. c. Residents with behaviors will be monitored using a behavior symptom flow record when behaviors are present."

No further information was provided prior to exit.

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JUL 15 2016
VDH/OLC

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/12/2016

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## F 329 Continued From page 82

F 329

(1) Risperidone is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. Studies have shown that older adults with dementia (a brain disorder that affects the ability to remember, think clearly, communicate, and perform daily activities and that may cause changes in mood and personality) who take antipsychotics (medications for mental illness) such as risperidone have an increased risk of death during treatment. Older adults with dementia may also have a greater chance of having a stroke or mini-stroke during treatment. (2) Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day

http://www.nimh.nih.gov/health/topics/bipolar-diso rder/index.shtml

2. Resident #214 was admitted to the facility on 3/31/08 with diagnoses that included but were not limited to: Alzheimer's disease, high blood pressure, dementia and anxiety.

The most recent MDS, a quarterly assessment, with an ARD of 5/13/16 coded the resident as having rarely makes self understood and rarely able to understaind others. In section E, titled Behavior, the resident was coded as wandering on a daily basis. The resident was coded as requiring supervisor to one person assist for activities of daily living.

Review of Resident #214's care plan titled, "Behavior/Mood" documented in part, "Focus:

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE STATEMENT OF DEFICIENCIES OMB NO. 0938-039 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING \_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE [X5] REGULATORY OR LSC IDENTIFYING INFORMATION) - TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETION TAG OATE DEFICIENCY)

### F 329 Continued From page 83

Impaired or inappropriate behaviors. As Evidenced By: Wandering. 5/23/16 aggression towards other residents. APPROACHES AND INTERVENTIONS. Monitor behavioral symptoms...."

Review of the physician's orders dated and signed on 6/6/16 documented, "Risperdal (risperidone) 0.5mg by mouth twice daily. INDICATION - DX (diagnosis) Psychosis."

Review of the June MAR documented, "Risperdal 0.5 mg by mouth BID (twice a day). psychosis." It was documented that the resident received the medication twice a day starting on 6/7/16 as ordered.

Review of the June 2016 behavior monitoring flow record did not evidence documentation of targeted behaviors or the use of the Risperdal or any documentation that the behaviors had been monitored.

Review of the nurse's notes did not evidence documentation from 6/22/16 to 6/30/16.

On 6/29/16 at 10:52 a.m. an interview was conducted with LPN (licensed practical nurse) #4, regarding what staff monitor for when a resident was on antipsychotic medications. LPN #4 stated, "See if they have allergic reaction to it, monitor for falls, change in mental status, and see if it's taking effect." When asked how staff would know if the medication was effective, LPN #4 stated that the behaviors the resident exhibited that led them to be on the antipsychotic medication would have lessened. When asked where this would be documented, LPN #4 stated, "If I observe he has that type of behavior, yes."

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF OFFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION (X3) OATE SURVEY IOENTIFICATION NUMBER: A. BUILOING COMPLETEO R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF OFFICIENCIES (X4) ID in PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH OEFICIENCY MUST BE PRECEOED BY FULL (X5) COMPLETION DATE **PREFIX** EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) \_TAG TAG CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) F 329 Continued From page 84 F 329 When asked how staff knew what targeted behaviors were to be monitored in relation to the Risperdal, LPN #4, "It would be on the chart," LPN #4 was asked to check the Risperdal order for Resident #214. LPN #4 stated, "It says psychosis." When asked if psychosis was a behavior, LPN #4 stated. "No." On 6/29/16 at 11:10 a.m. an interview was conducted with LPN #1, a unit manager. regarding the process staff followed when a resident was on an antipsychotic medication. LPN #1 stated, "Basically we get an order from the psychiatrist's documentation, we see a diagnosis. We monitor behaviors." When asked where these behaviors were documented, LPN #1-stated, "We place it on the (24) hour report for a week." When asked if residents on antipsychotics had targeted behaviors for using the medication, LPN #1 stated, "Some do. It could be a starting point but they could exhibit other behaviors than that and we would monitor for it. We would care plan it." On 6/29/16 at 3:35 p.m. an interview was conducted with LPN #10, regarding what staff monitored when a resident was on antipsychotic medications. LPN #10 stated, "We document their behaviors." When asked where this would be documented, LPN #10 stated that it would be in the nurse's notes, on the behavior sheets and on the 24 hour report. When asked how staff would know the targeted behaviors the resident was being monitored for, LPN #10 stated, "It would be documented in the chart."

On 6/30/16 at 8:10 a.m. an interview was conducted with ASM (administrative staff member) #2, the regional director of clinical

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) OATE SURVEY A. BUILOING \_ COMPLETEO R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADORESS, CITY, STATE, ZIP COOE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOEO BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX [X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) ... TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OEFICIENCY) F 329 Continued From page 85 F 329 services. When asked where staff documented targeted behaviors for residents on antipsychotic medication, ASM #2 stated, "Our policy is when a behavior occurs we write (about) that behavior for 24 hours. We document it, notify the doctor and monitor it for 24 hours." When asked how staff knew the targeted behaviors they were to monitor for, ASM #2 stated, "The behavior sheets shouldn't be put on the chart unless they are having behaviors. We probably should document, everyday, we used to, but we don't anymore since the policy changed." ASM #2 was made aware of the findings at that time. Review of the facility's policy titled "Psychoactive Medications" documented in part, "Policy:....and the right to be free of unnecessary medications. Procedure: 3. c. Residents with behaviors will be monitored using a behavior symptom flow record when behaviors are present" No further information was provided prior to exit. {F 514} 483.75(I)(1) RES (F 514) SS=D RECORDS-COMPLETE/ACCURATE/ACCESSIB The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State;

and progress notes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/201 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVE OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA [X2] MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IX3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING \_ COMPLETED R-C 495362 B. WING NAME OF PROVIDER OR SUPPLIER 06/30/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** [X5] PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETIO: TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

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This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for two of 21 residents in the survey sample, Resident #204 and Resident #221.

- 1. The facility staff failed to document the physician ordered oxygen on the MAR (medication administration record) for Resident #204.
- 2. The facility staff updated Resident #221's care plan on 6/22/16 with the intervention for a psychiatry consult. The psychiatry consult was not ordered until 6/29/16.

The findings include:

1. Resident #204 was admitted to the facility on 6/7/16 with diagnoses that included but were not limited to: chronic lung disease, congestive heart failure, kidney disease and high blood pressure.

The most recent MDS (minimum data set), an admission assessment, with an ARD (assessment reference date) of 6/14/16 coded the resident as having scored a 15 out of 15 on the BIMS (brief interview for mental status) indicating the resident was cognitively intact to make daily decisions. In section O titled "Special Treatment, Procedures, and Programs" the resident was coded as receiving oxygen therapy.

Review of Resident #204's care plan implemented on 6/20/16 documented, "Focus

7/27/2016

- 1. Resident #204 is receiving oxygen as ordered and it is documented on the MAR. Resident #221 was seen by Psychiatric services on 6/30/16.
- 2. Residents that reside in the facility have the potential to be affected. A review of oxygen orders was conducted and all orders are current and oxygen therapy implemented as ordered. Oxygen orders are signed off in MAR. Residents with orders for Psychiatric services are being provided services as ordered.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2019 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF OEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) OATE SURVEY AND PLAN OF CORRECTION COMPLETEO A. BUILOING R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP COOE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID io PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) \_ JAG TAG CROSS-REFERENCEO TO THE APPROPRIATE DATE **OEFICIENCY**) {F 514} Continued From page 87 {F 514} Category: Cardiovascular. APPROACHES & INTERVENTIONS. Administer oxygen as ordered." There was not documentation regarding 3. Licensed nurses will be educated documenting the oxygen. on accurate and complete Review of the physician's orders dated 6/9/16 and documentation of medications and signed on 6/28/16 at 3:00 p.m. documented. treatments on the MAR to include "Oxygen @6L/M (liters/minute) via NC (nasal oxygen therapy. B) in-services will cannula - soft prongs that fit in the nose to deliver also include documentation of oxygen) continuous." Physician refusal for recommended Review of the June 2016 MAR (medication services by nursing. Random weekly administration record) documented, "Oxygen @ 6 audits will be conducted to ensure L/M via NC continuous 6/28/16." There was no nursing signatures are present on documentation that the oxygen was administered. MAR records to indicate On 6/30/16 at 9:25 a.m. an interview was administration of medications to conducted with LPN (licensed practical nurse) include oxygen X 3months. #11. When asked why the MAR (medication 4. Results will be reviewed and administration record) was signed off by staff discussed during the QAPI meeting every day, LPN #11 stated, "To show we gave the med (medication) as ordered. When asked if monthly x 3 months for oxygen was considered a medication, LPN #11 recommendations. stated, "Yes." When asked if it was also documented on the MAR, LPN #11 stated, "I'm not sure about that one, I want to say yes. If it's on continuous it's documented somewhere." When asked if she would sign off the oxygen if it was documented on the MAR, LPN #11 stated. "Yes I would." LPN #11 reviewed the resident 204's MAR for June 2016 and stated the oxygen had not been signed off. On 6/30/16 at 10:00 a.m. ASM #2, the regional director of clinical services, was made aware of the findings. A request for the facility's oxygen

policy was requested but not received.

No further information was provided prior to exit.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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According to Fundamentals of Nursing, Perry and Potter, 6th edition, page 1122, Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity. As with any drug, the dosage or concentration of oxygen should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."

(EACH DEFICIENCY MUST BE PRECEOED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

2. Resident #221 was admitted to the facility on 7/24/13 and readmitted on 5/7/15 with diagnoses that included but were not limited to: liver failure. high blood pressure, personality disorder, dementia and depression.

The most recent MDS, a quarterly assessment. with an ARD of 5/3/16 coded the resident as having scored a two of 15 on the BIMS indicating the resident was severely impaired cognitively to make daily decisions. The resident was coded as having behaviors but not directed towards others.

Review of Resident #221's care plan for behavior documented, "6/22/16 Psych (psychiatry) consult."

Review of the nurse's notes dated 6/22/16 at 11:00 a.m. documented, "Resident was in an altercation with another resident in which he hit the other resident several times. Residents were immediately separated (sic) time. MD (medical doctor) called and notified...No new orders given."

Review of the physician's orders from 6/22/16

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/12/2014 FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILOING \_ COMPLETEO R-C 495362 B. WING 06/30/2016 NAME OF PROVIDER OR SUPPLIER STREET AOORESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND NURSING AND REHABILITATION ASHLAND, VA 23005 SUMMARY STATEMENT OF DEFICIENCIES <u>(X4)</u> 10 10 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL IX5] COMPLETION PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) · · TAG CROSS-REFERENCEO TO THE APPROPRIATE TAG DATE DEFICIENCY) {F 514} Continued From page 89 {F 514}

through 6/28/16 did not evidence an order for the psychiatry consult.

Review of the physician's orders dated 6/29/16 documented, "psych (psychiatry) consult".

On 6/29/16 at 3:30 p.m. an interview was conducted with LPN (licensed practical nurse) #10. When asked who updated the care plans, LPN #10 stated, The MDS coordinator prefers to write on them but we let them know (of any changes) and the unit manager takes it to the morning meeting so they can update it."

On 6/30/16 at 8:10 a.m. an interview was conducted with ASM (administrative staff member) #2, the regional director of clinical operations. ASM #2 stated, "I talked to the nurse (who cared for Resident #221 on 6/22/16) and she said she called (name of doctor) and he didn't want it (the psychiatric consult). I asked her why she didn't document it." ASM #2 was made aware of the findings at that time.

On 6/30/16 at 9:20 a.m. an interview was conducted with LPN #1, the nurse who cared for Resident #221 on 6/22/16, LPN #11 stated, "The doctor told me, uh huh, okay and hung up. He didn't give me any new orders." When asked who had updated the resident's care plan, LPN #11 stated, "I don't know who did that." When asked who updates care plan, LPN #11 stated, "I have not updated the care plans, it's been the unit manager's who've updated them." When asked who used the care plans, LPN #11 stated, "The nursing staff, the charge nurses, the unit manager and MDS (coordinators)." When asked why the care plan was updated, LPN #11 stated, "So we're all on the same page and aware of

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	what's going on." W for the care plan to "I think it's very imp	ye 90 Then asked if it was important be accurate, LPN #11 stated, ortant. It should be accurate e same page to get to the	{F 5∙	14}			
	aware, understand a Plan of Care. If unal the plan, notify the O Planning Coordinate	y's policy titled, "Plans of Direct care staff should be and follow their Resident's ple to implement any part of Clinical nurse or Care or, so that documentation to be provided and plan of care y."					
	with professional pracomplete and accurate resident for continuit shall contain — information clearlythe plan of clinical record is to diresidents plan of carried residents plan of carried with the plan of carried residents plan of carried with the plan of carried residents plan of carried with professional records are contained as a carried residents plan of carried with professional prof	cords" documented in part, a maintained in accordance actice standards to provide ate information on each y of care. The clinical record mation to identify the resident areThe purpose of the ocument the course of the e and to provide a medium of the dealth care professionals.					

No further information was provided prior to exit.

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